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ABSTRACT

Testimony relative to the amendment of the Public Health Service Act to improve and extend the provisions relating to assistance to medical libraries and related instrumentalities, and for other purposes is presented in the form of verbatim oral question and answers, prepared statements, letters, and supplemental materials. The amendments for bills S. 2549 "Medical Library and Health Communications Assistance Amendments of 1969," and S. 2239 "Medical Library Assistance Extension Act of 1969" are included. Also included is the amendment for H.R. 11702 "Medical Library Assistance Extension Act of 1969." (MM)

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MEDICAL LIBRARY AMENDMENTS OF 1969

HEARING

BEFORE THE

SUBCOMMITTEE ON HEALTH

OF THE

COMMITTEE ON LABOR AND PUBLIC WELFARE UNITED STATES SENATE

NINETY-FIRST CONGRESS

FIRST SESSION

ON

S. 2549, S. 2239, and H.R. 11702

TO AMEND THE PUBLIC HEALTH SERVICE ACT TO IMPROVE AND EXTEND THE PROVISIONS RELATING TO ASSISTANCE TO MEDICAL LIBRARIES AND RELATED INSTRUMENTALITIES, AND FOR OTHER PURPOSES

JULY 31, 1969

Printed for the use of the Committee on Labor and Public Welfare

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CONTENTS

Text of:

	Page
S. 2549	3
S. 2239	14
H.R. 11702	24

CHRONOLOGICAL LIST OF WITNESSES

THURSDAY, JULY 31, 1969

Javits, Hon. Jacob K., a U.S. Senator from the State of New York	35
Marston, Dr. Robert Q., Director, National Institutes of Health; and Dr. Martin M. Cummings, Director, National Library of Medicine, accompanied by David F. Kefauver, Associate Director for Extramural Programs, National Library of Medicine, and Dr. Glen Wegner, Deputy Assistant Secretary for Health Legislation	36
Felter, Mrs. Jacqueline, president, Medical Library Association, director of the Medical Library Center of New York, accompanied by William S. Dix, president, American Library Association, director of libraries at Princeton University; Dr. John A. D. Cooper, president, Association of American Medical Colleges, Washington, D.C.; and Dr. Stephen McCarthy, executive director, Association of Research Libraries, Washington, D.C	41

STATEMENTS

Felter, Mrs. Jacqueline, president, Medical Library Association, director of the Medical Library Center of New York, accompanied by William S. Dix, president, American Library Association, director of libraries at Princeton University; Dr. John A. D. Cooper, president, Assocation of American Medical Colleges, Washington, D.C.; and Dr. Stephen McCarthy, executive director, Association of Research Libraries, Washington, D.C	41
Supplemental statement	65
Javits, Hon. Jacob K., a U.S. Senator from the State of New York	35
Marston, Dr. Robert Q., Director, National Institutes of Health and Dr. Martin M. Cummings, Director, National Library of Medicine, accompanied by David F. Kefauver, Associate Director for Extramural Programs, National Library of Medicine, and Dr. Glen Wegner, Deputy Assistant Secretary for Health Legislation	36
Articles, publications, etc.:	
Association of Research Libraries membership list, May 1969	57
Communications to:	
Yarborough, Hon. Ralph W., a U.S. Senator from the State of Texas, chairman, Committee on Labor and Public Welfare, Washington, D.C., from:	
Howard, Ernest B., M.D., American Medical Association, Chicago, Ill., August 4, 1969	70
Kerr, I. Lawrence, D.D.S., chairman, Council on Legislation, American Dental Association, Washington, D.C., August 4, 1969	68
Whitaker, Mrs. Judith G., executive director, American Nurses' Association, Inc., New York, N.Y., August 1, 1969	71
Williamson, Kenneth, deputy director, American Hospital Association, Washington, D.C., July 31, 1969	69
Tabular:	
Index of prices of trade-technical books, by category, 1957–59 and 1965 through 1968	63
Medical Library Assistance Act of 1965—Budget history, fiscal years 1966–70	67
Periodical price index by categories and selected years 1957–59 to 1968	62

APPENDIXES

Appendix A:

Cover letter from Sam W. Hitt, chairman, Federal Relations Committee, Medical Library Association, to Hon. Ralph W. Yarborough, a U.S. Senator from the State of Texas, chairman, Committee on Labor and Public Welfare ---- Page 75

Communications to Hon. Ralph W. Yarborough, a U.S. Senator from the State of Texas, from:

- Texas ---- 77
- Colorado ---- 81
- Alaska ---- 84
- Arkansas ---- 90
- Arizona ---- 91
- California ---- 92
- Connecticut ---- 96
- Delaware ---- 97
- District of Columbia ---- 98
- Florida ---- 99
- Georgia ---- 102
- Hawaii ---- 106
- Idaho ---- 107
- Illinois ---- 108
- Indiana ---- 112
- Iowa ---- 116
- Kansas ---- 117
- Kentucky ---- 118
- Louisiana ---- 119
- Maine ---- 121
- Maryland ---- 122
- Massachusetts ---- 123
- Michigan ---- 129
- Minnesota ---- 130
- Missouri ---- 133
- Mississippi ---- 151
- Montana ---- 152
- Nebraska ---- 154
- New Hampshire ---- 161
- New Jersey ---- 162
- New York ---- 163
- North Carolina ---- 170
- North Dakota ---- 171
- Oklahoma ---- 172
- Oregon ---- 173
- Pennsylvania ---- 176
- Rhode Island ---- 188
- Tennessee ---- 189
- Utah ---- 191
- Vermont ---- 199
- Washington ---- 200
- Wisconsin ---- 204

Appendix B:

Communications to:

- Eagleton, Hon. Thomas F., a U.S. Senator from the State of Missouri, from organizations and institutions in the State of Missouri ---- 209
- Subcommittee on Health, Senate Committee on Labor and Public Welfare, from Henry A. Lahaug, hospital administrator, State Hospital, Jamestown, N. Dak., March 24, 1969 ---- 220
- Hitt, Mr. Sam W., chairman, Federal Relation Committee, Medical Library Association, Lyman Maynard Stowe Library, University of Connecticut Health Center, Hartford, Conn ---- 220

MEDICAL LIBRARY AMENDMENTS OF 1969

THURSDAY, JULY 31, 1969

U.S. SENATE,
SUBCOMMITTEE ON HEALTH OF THE
COMMITTEE ON LABOR AND PUBLIC WELFARE,
Washington, D.C.

The subcommittee met at 11:05 a.m., pursuant to notice in room 4232, New Senate Office Building, Senator Ralph Yarborough (chairman of the subcommittee) presiding.

Present: Senators Yarborough (presiding), Eagleton, and Hughes.

Committee staff members present: John S. Forsythe, general counsel; James Babin, professional staff member to the subcommittee; and Jay Cutler, minority counsel to the subcommittee.

The CHAIRMAN. The Subcommittee on Health of the Senate Labor and Public Welfare Committee will come to order.

This morning we will hold hearings on S. 2549 and related bills.

(The text of the bills appears on pp. 3–33.)

5

91ST CONGRESS
1ST SESSION

S. 2549

IN THE SENATE OF THE UNITED STATES

JULY 7, 1969

Mr. YARBOROUGH introduced the following bill; which was read twice and referred to the Committee on Labor and Public Welfare

A BILL

To amend the Public Health Service Act to improve and extend the provisions relating to assistance to medical libraries and related instrumentalities, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Medical Library and Health Communications Assistance Amendments of 1969".

CLARIFYING AND TECHNICAL AMENDMENTS

DECLARATION OF POLICY AND STATEMENT OF PURPOSE

SEC. 2. (a) (1) Clause (3) of subsection (b) of section 390 (42 U.S.C. 280(b)) of the Public Health Service Act is amended by striking out "the awarding of special fellowships to physicians and other practitioners in the sciences related to health and scientists," and inserting in lieu thereof

"grants to physicians and other practitioners in the sciences related to health, and scientists, and public or nonprofit private institutions on behalf of such individuals,"; and

(2) Clause (5) of such subsection is amended by striking out "improving" and inserting in lieu thereof "establishing, improving,".

ASSISTANCE FOR CONSTRUCTION OF FACILITIES

(b) (1) Subsection (b) (1) (B) of section 393 of such Act (42 U.S.C. 280b–3) is amended by striking out "subject to subsection (c),".

(2) Section 393 of such Act is further amended by striking out subsection (c) thereof and redesignating subsections (d), (e), (f), (g), (h), and (i) as subsections (c), (d), (e), (f), (g), and (h), respectively.

ASSISTANCE TO SPECIAL SCIENTIFIC PROJECTS

(c) (1) The heading of section 395 of such Act (42 U.S.C. 280b–5) is amended to read:

"ASSISTANCE FOR SPECIAL SCIENTIFIC PROJECTS, AND FOR RESEARCH AND DEVELOPMENT IN MEDICAL LIBRARY SCIENCE AND RELATED FIELDS"

(2) The second sentence of section 395 of such Act is amended by striking out "Surgeon General for the establishment of special fellowships to be awarded to physicians and other practitioners in the sciences related to health and scientists" and inserting in lieu thereof "Secretary to make grants to physicians and other practitioners in the sciences related to

health, and scientists, and public or nonprofit private institutions on behalf of such individuals".

(3) The third sentence of such section is amended (A) by striking out "In establishing such fellowships, the Surgeon General" and inserting in lieu thereof "In making such grants, the Secretary"; and (B) by striking out "fellowships are established" and inserting in lieu thereof "grants are made".

RESEARCH AND DEVELOPMENT IN MEDICAL LIBRARY SCIENCE AND RELATED FIELDS

(d) Subsection (a) of section 396 of such Act (42 U.S.C. 280b-6) is amended by striking out "research and investigations in the field of medical library science" and inserting in lieu thereof "research, investigations, and demonstrations in the field of medical library science".

GRANTS FOR IMPROVING AND EXPANDING THE BASIC RESOURCES OF MEDICAL LIBRARIES AND RELATED INSTRUMENTALITIES

(e) (1) The heading of section 397 of such Act (42 U.S.C. 280b–7) is amended to read:

"GRANTS FOR ESTABLISHING, IMPROVING, AND EXPANDING THE BASIC RESOURCES OF MEDICAL LIBRARIES AND RELATED INSTRUMENTALITIES"

(2) The first sentence of subsection (b) of such section is amended by striking out "expanding" and inserting in lieu thereof "establishing, expanding,".

(3) Subsection (c) (2) of such section is amended to read as follows:

"(2) In no case shall any grant under this section to a medical library or related instrumentality for any fiscal year exceed $200,000; and grants to such medical libraries or related instrumentalities shall be in such amounts as the Secretary may by regulation prescribe with a view to assuring adequate continuing financial support for such libraries or instrumentalities from other sources during and after the period for which Federal assistance is provided."

GRANTS FOR ESTABLISHMENT OF REGIONAL MEDICAL LIBRARIES

(f) (1) Subsection (b) of section 398 of such Act (42 U.S.C. 280b–8) is amended by striking out "and" at the end of clause (4), by redesignating clause (5) as clause (6), and by inserting a new clause (5) to read as follows:

"(5) planning for services and activities under this section; and"

(2) Subsection (c) (1) of such section is amended by striking out "(A) to modify and increase their library resources so as to be able to provide supportive services to other libraries in the region as well as individual users of library services" and inserting in lieu thereof "(A) to modify and increase their library resources and to supple-

ment the resources of cooperating libraries in the region so as to be able to provide adequate supportive services to all libraries in the region as well as to individual users of library services".

(3) Subsection (c) (2) of such section is amended by striking out clause (A) and redesignating clauses (B) and (C) as clauses (A) and (B), respectively.

(4) Such section is further amended by adding at the end thereof the following new subsection:

"(f) The Secretary may also carry out the purposes of this section through contracts as well as grants, and such contracts shall be subject to the same limitations as are provided in this section for grants."

FINANCIAL SUPPORT FOR BIOMEDICAL PUBLICATIONS

(g) (1) The second sentence of subsection (a) of section 399 of such Act (42 U.S.C. 280b–9) is amended by striking out ", public or private nonprofit institutions of higher education and individual scientists" and inserting in lieu thereof "public or nonprofit private institutions and organizations, and individual scientists".

(2) Subsection (b) of such section is repealed.

(3) Subsection (c) of such section is redesignated as subsection (b).

AUTHORIZATION OF APPROPRIATIONS

EXTENSION OF DURATION

SEC. 3. (a) Section 399a of the Public Health Service Act (42 U.S.C. 280b–10) is amended to read as follows:

"SEC. 399a. Funds appropriated to carry out any of the purposes of this part for any fiscal year shall remain available for such purposes for the fiscal year immediately following the fiscal year for which they were appropriated. Funds appropriated under this part for grants for construction shall remain available until expended".

ASSISTANCE FOR CONSTRUCTION OF FACILITIES

(b) Effective with respect to fiscal years ending after June 30, 1970, subsection (i) of section 393 of such Act is amended to read as follows:

"(i) For the purposes of carrying out the provisions of this section, there are hereby authorized to be appropriated for each fiscal year, beginning with the fiscal year ending June 30, 1971, and ending with the fiscal year ending June 30, 1975, such sums, not to exceed $20,000,000 for any fiscal year, as may be necessary".

GRANTS FOR TRAINING IN MEDICAL LIBRARY SCIENCES

(c) Effective with respect to fiscal years ending after June 30, 1970, subsection (a) of section 394 of such Act is amended by striking out "In order to enable the Surgeon General to carry out the purposes of section 390(b) (2),

there are hereby authorized to be appropriated for each fiscal year, beginning with the fiscal year ending June 30, 1966, and ending with the fiscal year ending June 30, 1970, such sums not to exceed $1,000,000, for any fiscal year, as may be necessary. Sums made available under this section shall be utilized by the Surgeon General in making grants—" and inserting in lieu thereof "In order to enable the Secretary to carry out the purposes of section 390(b)(2), there are hereby authorized to be appropriated for each fiscal year, beginning with the fiscal year ending June 30, 1971, and ending with the fiscal year ending June 30, 1975, such sums, not to exceed $3,000,000 for any fiscal year, as may be necessary. Sums made available under this section shall be utilized by the Secretary in making grants—".

ASSISTANCE FOR SPECIAL SCIENTIFIC PROJECTS

(d)(1) Effective with respect to fiscal years ending after June 30, 1970, the first sentence of section 395 of such Act is amended to read as follows: "In order to enable the Secretary to carry out the purposes of section 390(b)(3), there are hereby authorized to be appropriated for each fiscal year, beginning with the fiscal year ending June 30, 1971, and ending with the fiscal year ending June 30, 1975, such sums, not to exceed $500,000 for any fiscal year, as may be necessary."

(2) The second sentence of such section is amended

by striking out "Surgeon General" and inserting in lieu thereof "Secretary".

RESEARCH AND DEVELOPMENT IN MEDICAL LIBRARY SCIENCE AND RELATED FIELDS

(e) (1) Effective with respect to fiscal years ending after June 30, 1970, the first sentence of subsection (a) of section 396 of such Act is amended to read as follows: "In order to enable the Secretary to carry out the purposes of section 390(b) (4), there are hereby authorized to be appropriated for each fiscal year, beginning with the fiscal year ending June 30, 1971, and ending with the fiscal year ending June 30, 1975, such sums, not to exceed $3,000,000 for any fiscal year, as may be necessary."

(2) The second sentence of subsection (a) of such section is amended by striking out "Surgeon General" and inserting in lieu thereof "Secretary".

GRANTS FOR IMPROVING AND EXPANDING THE BASIC RESOURCES OF MEDICAL LIBRARIES AND RELATED INSTRUMENTALITIES

(f) (1) Effective with respect to fiscal years ending after June 30, 1970, subsection (a) of section 397 of such Act is amended to read as follows:

"(a) In order to enable the Secretary to carry out the purposes of section 390(b) (5), there are hereby authorized to be appropriated for each fiscal year, beginning with the

fiscal year ending June 30, 1971, and ending with the fiscal year ending June 30, 1975, such sums, not to exceed $6,000,000 for any fiscal year, as may be necessary."

(2) Subsection (b) of section 397 of such Act is amended by striking out "Surgeon General" and inserting in lieu thereof "Secretary".

GRANTS FOR ESTABLISHMENT OF REGIONAL MEDICAL LIBRARIES

(g) (1) Effective with respect to fiscal years ending after June 30, 1970, the first sentence of subsection (a) of section 398 of such Act is amended to read as follows: "In order to enable the Secretary to carry out the purposes of section 390(b) (6), there are hereby authorized to be appropriated for each fiscal year, beginning with the fiscal year ending June 30, 1971, and ending with the fiscal year ending June 30, 1975, such sums, not to exceed $6,500,000 for any fiscal year, as may be necessary."

(2) The second sentence of such subsection (a) is amended by striking out "Surgeon General" and inserting in lieu thereof "Secretary".

FINANCIAL SUPPORT FOR BIOMEDICAL PUBLICATIONS

(h) (1) Effective with respect to fiscal years ending after June 30, 1970, the first sentence of subsection (a) of section 399 of such Act is amended to read as follows: "In order to enable the Secretary to carry out the purposes

of section 390(b)(7), there are hereby authorized to be appropriated for each fiscal year, beginning with the fiscal year ending June 30, 1971, and ending with the fiscal year ending June 30, 1975, such sums, not to exceed $2,000,000 for any fiscal year, as may be necessary".

(2) The second sentence of such subsection (a) is amended by striking out "Surgeon General" and inserting in lieu thereof "Secretary".

REDESIGNATIONS

SEC. 4. (a) (1) Title III of the Public Health Service Act is amended by redesignating (A) part I as part J, (B) part II which has the heading "PART II—NATIONAL LIBRARY OF MEDICINE" as part I, and (C) sections 371 through 378 in such part as sections 381 through 388, respectively.

(2) Clause (2) of section 391 of such Act (42 U.S.C. 280b–1) is amended by striking out "section 373(a)" and inserting in lieu thereof "section 383(a)".

(3) (A) Subsection (a) of section 392 of such Act (42 U.S.C. 280b–2) is amended (i) by striking out "373(a)" and inserting in lieu thereof "383(a)" and (ii) by striking out "373" and inserting in lieu thereof "383".

(B) Subsection (b) of such section 392 is amended by striking out "part H which deals with the National Library of Medicine" and inserting in lieu thereof "part I".

(b) (1) Section 395 of the Public Health Service Act is amended by inserting "(a)" immediately after "SEC. 395.".

(2) Section 396 of such Act is amended (A) by striking out the heading thereto, (B) by striking out "SEC. 396.", and (C) by redesignating subsections (a) and (b) thereof as subsections (b) and (c), respectively.

(3) Sections 397, 398, 399, 399a, and 399b of such Act (and all references thereto) are redesignated as sections 396, 397, 398, 399, and 399a, respectively.

EFFECTIVE DATE

SEC. 5. Except as otherwise provided, the amendments made by the preceding provisions of this Act shall take effect July 1, 1970, and shall be effective with respect to grants and contracts made after June 30, 1970.

91ST CONGRESS
1ST SESSION

S. 2239

IN THE SENATE OF THE UNITED STATES

MAY 23, 1969

Mr. DOMINICK (for Mr. JAVITS) (for himself, Mr. MURPHY, and Mr. PROUTY) introduced the following bill; which was read twice and referred to the Committee on Labor and Public Welfare

A BILL

To amend the Public Health Service Act to improve and extend the provisions relating to assistance to medical libraries and related instrumentalities, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Medical Library Assistance Extension Act of 1969".

CLARIFYING AND TECHNICAL AMENDMENTS

DECLARATION OF POLICY AND STATEMENT OF PURPOSE

SEC. 101. (a) (1) Clause (3) of subsection (b) of section 390 (42 U.S.C. 280(b)) of the Public Health Service Act is amended by striking out "the awarding of

special fellowships to physicians and other practitioners in the sciences related to health and scientists," and inserting in lieu thereof "grants to physicians and other practitioners in the sciences related to health, and scientists, and public or nonprofit private institutions on behalf of such individuals,"; and

(2) Clause (5) of such subsection is amended by striking out "improving" after "in" and inserting in lieu thereof "establishing, improving,".

ASSISTANCE FOR CONSTRUCTION OF FACILITIES

(b) (1) Subsection (b) (1) (B) of section 393 of such Act (42 U.S.C. 280b–3) is amended by striking out "subject to subsection (c),".

(2) Subsection (d) of such section is amended by striking out ", and shall give priority to applications for construction of facilities for which the need is greatest".

(3) Section 393 of such Act is further amended by striking out subsection (c) thereof and redesignating subsections (d), (e), (f), (g), (h), and (i) as subsections (c), (d), (e), (f), (g), and (h), respectively.

ASSISTANCE TO SPECIAL SCIENTIFIC PROJECTS

(c) (1) The heading of section 395 of such Act (42 U.S.C. 280b–5) is amended to read:

"ASSISTANCE FOR SPECIAL SCIENTIFIC PROJECTS, AND FOR RESEARCH AND DEVELOPMENT IN MEDICAL LIBRARY SCIENCE AND RELATED FIELDS"

(2) The second sentence of section 395 is amended by striking out "Surgeon General for the establishment of special fellowships to be awarded to physicians and other practitioners in the science related to health and scientists" and inserting in lieu thereof "Secretary to make grants to physicians and other practitioners in the sciences related to health, and scientists, and public or nonprofit private institutions on behalf of such individuals".

(3) The third sentence of such section is amended by striking out "In establishing such fellowships, the Surgeon General" and inserting in lieu thereof "In making such grants, the Secretary"; and by striking out "fellowships are established" and inserting in lieu thereof "grants are made".

RESEARCH AND DEVELOPMENT IN MEDICAL LIBRARY SCIENCE AND RELATED FIELDS

(d) (1) Subsection (a) of section 396 of such Act (42 U.S.C. 280b–6) is amended by striking out "research and investigations in the field of medical library science"

and inserting in lieu thereof "research, investigations, and demonstrations in the field of medical library science".

GRANTS FOR IMPROVING AND EXPANDING THE BASIC RESOURCES OF MEDICAL LIBRARIES AND RELATED INSTRUMENTALITIES

(e) (1) The heading of section 397 of such Act (42 U.S.C. 280b–7) is amended to read:

"GRANTS FOR ESTABLISHING, IMPROVING, AND EXPANDING THE BASIC RESOURCES OF MEDICAL LIBRARIES AND RELATED INSTRUMENTALITIES"

(2) The first sentence of subsection (b) of such section is amended by striking out "expanding" and inserting in lieu thereof "establishing, expanding,".

(3) Subsection (c) (2) of such section is amended to read as follows:

"(2) In no case shall any grant under this section to a medical library or related instrumentality for any fiscal year exceed $200,000; and grants to such medical libraries or related instrumentalities shall be in such amounts as the Secretary may by regulation prescribe with a view to assuring adequate continuing financial support for such libraries or instrumentalities from other sources during and after the period for which Federal assistance is provided."

GRANTS FOR ESTABLISHMENT OF REGIONAL MEDICAL LIBRARIES

(f) (1) Subsection (b) of section 398 of such Act (42 U.S.C. 280b–8) is amended by striking out "and" at the end of clause (4), by renumbering clause (5) as clause (6), and by inserting a new clause (5) to read as follows:

"(5) planning for services and activities under this section; and"

(2) Subsection (c) (1) of such section is amended by striking out "(A) to modify and increase their library resources so as to be able to provide supportive services to other libraries in the region as well as individual users of library services" and inserting in lieu thereof "(A) to modify and increase their library resources and to supplement the resources of cooperating libraries in the region so as to be able to provide adequate supportive services to all libraries in the region as well as to individual users of library services".

(3) Subsection (c) (2) of such section is amended by deleting clause (A) and redesignating clauses (B) and (C) as (A) and (B), respectively.

(4) Such section is further amended by adding a new subsection to read as follows:

"(f) The Secretary may also carry out the purposes of

this section through contracts as well as grants, and such contracts shall be subject to the same limitations as are provided in this section for grants."

FINANCIAL SUPPORT FOR BIOMEDICAL PUBLICATIONS

(g) (1) The second sentence of subsection (a) of section 399 of such Act (42 U.S.C. 280b–9) is amended by striking out ", public or private nonprofit institutions of higher education and individual scientists" and inserting in lieu thereof "public or nonprofit private institutions and organizations, and individual scientists".

(2) Subsection (b) of such section is amended by striking out the period at the end thereof and inserting in lieu thereof ", except in such cases as the Secretary may determine to require continuing support to carry out the purposes of this section."

AUTHORIZATION OF APPROPRIATIONS

EXTENSION OF DURATION; CONSOLIDATION OF AUTHORIZATIONS

SEC. 102. (a) Section 399a of the Public Health Service Act (42 U.S.C. 280b–10) is amended to read as follows:

"SEC. 399a. For the purpose of carrying out this part, there are authorized to be appropriated such sums as may be necessary for the fiscal year ending June 30, 1971. Funds appropriated under this part for grants for construction shall remain available until expended."

ASSISTANCE FOR CONSTRUCTION OF FACILITIES

(b) Section 393 of such Act is amended by striking out subsection (i) thereof.

GRANTS FOR TRAINING IN MEDICAL LIBRARY SCIENCE

(c) Subsection (a) of section 394 of such Act is amended by striking out the first sentence and by amending the second sentence of such subsection by striking out "Sums made available under this section shall be utilized by the Surgeon General in making grants" and inserting in lieu thereof "The Secretary is authorized to make grants".

ASSISTANCE FOR SPECIAL SCIENTIFIC PROJECTS

(d) Section 395 of such Act is amended by striking out the first sentence and by striking out in the second sentence thereof "Sums made available under this section shall be utilized by the Secretary for" and inserting in lieu thereof "The Secretary is authorized to make".

RESEARCH AND DEVELOPMENT IN MEDICAL LIBRARY SCIENCE OR RELATED FIELDS

(e) Subsection (a) of section 396 of such Act is amended by striking out the first sentence and by striking out in the second sentence of such subsection "Sums made available under this section shall be utilized by the Surgeon General in making grants to appropriate public or private nonprofit institutions and entering" and inserting in lieu thereof "The Secretary is authorized to make grants to ap-

propriate public or nonprofit private institutions and to enter".

GRANTS FOR IMPROVING AND EXPANDING THE BASIC RESOURCES OF MEDICAL LIBRARIES AND RELATED INSTRUMENTALITIES

(f) Section 397 of such Act is amended by striking out subsection (a); subsection (b) of such section is amended by striking out "Sums made available under this section shall be utilized by the Surgeon General for making grants" and inserting in lieu thereof "The Secretary is authorized to make grants"; and subsections (b) and (c) are redesignated subsections (a) and (b), respectively.

GRANTS FOR ESTABLISHMENT OF REGIONAL MEDICAL LIBRARIES

(g) Subsection (a) of section 398 of such Act is amended by striking out the first sentence and by amending the second sentence of such subsection by striking out "Sums made available under this section shall be utilized by the Surgeon General" and inserting in lieu thereof "The Secretary is authorized".

FINANCIAL SUPPORT OF BIOMEDICAL PUBLICATIONS

(h) Subsection (a) of section 399 of such Act is amended by striking out the first sentence and by amending the second sentence of such subsection by striking out "Sums made available under this section shall be utilized by the

Surgeon General, with the advice of the Board, in making grants to and entering" and inserting in lieu thereof "The Secretary is authorized, with the advice of the Board, to make grants to and to enter".

REDESIGNATIONS

SEC. 103. (a) (1) Title III of the Public Health Service Act is amended by redesignating part I as part J, and by redesignating part H which has the heading "PART H—NATIONAL LIBRARY OF MEDICINE" as part I, and, further, by redesignating sections 371 through 378 in such part as sections 381 through 388, respectively.

(2) Clause (2) of section 391 of such Act (42 U.S.C. 280b–1) is amended by striking out "section 373 (a)" and inserting in lieu thereof "section 383 (a)".

(3) Subsection (a) of section 392 of such Act (42 U.S.C. 280b–2) is amended by striking out "373" and inserting in lieu thereof "383"; and subsection (d) of such section is amended by striking out "part II which deals with the National Library of Medicine", and inserting in lieu thereof "part I".

(b) Title III of the Public Health Service Act is further amended by inserting "(a)" after "SEC. 395."; by striking out the heading of section 396 and "SEC. 396."; by redesignating subsections (a) and (b) of section 396 as subsections (b) and (c), respectively, of section 395; and

by redesignating sections 397, 398, 399, 399a, and 399b as sections 396, 397, 398, 399, and 399a, respectively.

MEANING OF SECRETARY

SEC. 104. As used in the amendments made by this Act, the term "Secretary", unless the context otherwise requires, means the Secretary of Health, Education, and Welfare.

EFFECTIVE DATE

SEC. 105. The amendments made under that part of title III of the Public Health Service Act herein redesignated as part J shall apply with respect to appropriations for fiscal years ending after June 30, 1970.

91ST CONGRESS
1ST SESSION

H. R. 11702

IN THE SENATE OF THE UNITED STATES

JULY 11, 1969

Read twice and referred to the Committee on Labor and Public Welfare

AN ACT

To amend the Public Health Service Act to improve and extend the provisions relating to assistance to medical libraries and related instrumentalities, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SHORT TITLE

SECTION 1. This Act may be cited as the "Medical Library Assistance Extension Act of 1969".

THREE-YEAR EXTENSION OF EXISTING PROGRAMS

SEC. 2. The following provisions of the Public Health Service Act are each amended by striking out "June 30, 1970" and inserting in lieu thereof "June 30, 1973":

(1) Subsection (i) of section 393 (42 U.S.C. 280b–

3(i)) (relating to assistance for construction of medical library facilities).

(2) Subsection (a) of section 394 (42 U.S.C. 280b–4(a)) (relating to grants for training in medical library sciences).

(3) Section 395 (42 U.S.C. 280b–5) (relating to assistance for compilations or writings concerning advances in sciences related to health).

(4) Subsection (a) of section 396 (42 U.S.C. 280b–6(a)) (relating to research and development in medical library science and related fields).

(5) Subsection (a) of section 397 (42 U.S.C. 280b–7(a)) (relating to assistance to improve or expand basic medical library resources).

(6) Subsection (a) of section 398 (42 U.S.C. 280b–8(a)) (relating to grants for establishment of regional medical libraries).

(7) Subsection (a) of section 399 (42 U.S.C. 280b–9(a)) (relating to assistance for biomedical scientific publications).

GRANTS FOR CONSTRUCTION OF MEDICAL LIBRARY FACILITIES

SEC. 3. Section 393 of the Public Health Service Act (42 U.S.C. 280b–3) is amended—

(1) by amending clause (B) of subsection (b) (1)

to read as follows: "(B) sufficient funds will be available to meet the non-Federal share of the cost of constructing the facility, and";

(2) by striking out subsection (c) and redesignating subsections (d), (e), (f), (g), (h), and (i) as subsections (c), (d), (e), (f), (g), and (h), respectively; and

(3) by striking out in subsection (c) (as so redesignated by this section) ", and shall give priority to applications for construction of facilities for which the need is greatest".

GRANTS FOR SPECIAL SCIENTIFIC PROJECTS

SEC. 4. (a) Section 395 of the Public Health Service Act (42 U.S.C. 280b–5) is amended—

(1) by striking out in the second sentence "for the establishment of special fellowships to be awarded to physicians and other practitioners in the sciences related to health and scientists" and inserting in lieu thereof the following: "to make grants to physicians and other practitioners in the sciences related to health, to scientists, and to public or nonprofit private institutions on behalf of such physicians, practitioners, and scientists"; and

(2) by striking out in the third sentence "In establishing such fellowships" and inserting in lieu thereof "In making such grants", and by striking out in such

sentence "fellowships are established" and inserting in lieu thereof "grants are made".

(b) Subsection (b) (3) of section 390 of such Act (42 U.S.C. 280b) is amended by striking out "the awarding of special fellowships to physicians and other practitioners in the sciences related to health and scientists" and inserting in lieu thereof "grants to physicians and other practitioners in the sciences related to health, to scientists, and to public or nonprofit private institutions on behalf of such physicians, practitioners, and scientists".

RESEARCH AND DEVELOPMENT IN MEDICAL LIBRARY SCIENCE AND RELATED FIELDS

SEC. 5. (a) The second sentence of subsection (a) of section 396 of the Public Health Service Act (42 U.S.C. 280b–6) is amended by striking out "research and investigations" and inserting in lieu thereof "research, investigations, and demonstrations".

(b) Subsection (b) (4) of section 390 of such Act is amended by striking out "research and investigations" and inserting in lieu thereof "research, investigations, and demonstrations".

GRANTS FOR BASIC RESOURCES OF MEDICAL LIBRARIES

SEC. 6. (a) Section 397 of the Public Health Service Act (42 U.S.C. 280b–7) is amended—

(1) by striking out in the first sentence of subsec-

tion (b) "for the purpose of expanding and improving" and inserting in lieu thereof "for the purpose of establishing, expanding, and improving";

(2) by amending paragraph (2) of subsection (c) to read as follows:

"(2) In no case shall any grant under this section to a medical library or related instrumentality for any fiscal year exceed $200,000; and grants to such medical libraries or related instrumentalities shall be in such amounts as the Secretary may by regulation prescribe with a view to assuring adequate continuing financial support for such libraries or instrumentalities from other sources during and after the period for which Federal assistance is provided."; and

(3) by striking out in the heading of such section "IMPROVING AND EXPANDING" and inserting in lieu thereof "ESTABLISHING, EXPANDING, AND IMPROVING".

(b) Subsection (b) (5) of section 390 of such Act is amended by striking out "improving and expanding" and inserting in lieu thereof "establishing, expanding, and improving".

GRANTS FOR ESTABLISHMENT OF REGIONAL MEDICAL LIBRARIES

SEC. 7. Section 398 of the Public Health Service Act (42 U.S.C. 280b–8) is amended as follows:

(1) Subsection (b) is amended (A) by striking out "and" at the end of clause (4), (B) by redesignating clause (5) as clause (6), and (C) by inserting after clause (4) the following new clause:

"(5) planning for services and activities under this section; and".

(2) Subsection (c) (1) is amended by striking out "(A) to modify and increase their library resources so as to be able to provide supportive services to other libraries in the region as well as individual users of library services" and inserting in lieu thereof "(A) to modify and increase their library resources, and to supplement the resources of cooperating libraries in the region, so as to be able to provide adequate supportive services to all libraries in the region as well as to individual users of library services".

(3) Subsection (c) (2) is amended by striking out clause (A) and by redesignating clauses (B) and (C) as clauses (A) and (B), respectively.

(4) The following new subsection is added at the end thereof:

"(f) The Secretary may also carry out the purposes of this section through contracts, and such contracts shall be subject to the same limitations as are provided in this section for grants."

33-703 O - 69 - 3

FINANCIAL SUPPORT OF BIOMEDICAL SCIENTIFIC PUBLICATIONS

SEC. 8. Section 399 of the Public Health Service Act (42 U.S.C. 380b-9) is amended—

(1) by striking out in the second sentence of subsection (a) "public or private nonprofit institutions of higher education and individual scientists" and inserting in lieu thereof "public or nonprofit private institutions and organizations and individual scientists"; and

(2) by inserting before the period at the end of subsection (b) the following: ", except in those cases in which the Secretary determines that further support is necessary to carry out the purposes of this section".

REDESIGNATIONS

SEC. 9. (a) Title III of the Public Health Service Act is amended—

(1) by redesignating part I as part J;

(2) by redesignating the part H entitled "PART H—NATIONAL LIBRARY OF MEDICINE" as part I; and

(3) by redesignating sections 371, 372, 373, 374, 375, 376, 377, and 378 as sections 381, 382, 383, 384, 385, 386, 387, and 388, respectively.

(b) (1) Subsection (c) of the section of such Act re-

designated as section 382 is amended by striking out "section 373" and inserting in lieu thereof "section 383".

(2) The section of such Act redesignated as section 385 is amended by striking out "section 373" and inserting in lieu thereof "section 383".

(3) Section 391 (2) of such Act is amended by striking out "section 373 (a)" and inserting in lieu thereof "section 383 (a)".

(4) Section 392 of such Act is amended—

(A) by striking out in subsection (a) "section 373 (a)" and inserting in lieu thereof "section 383 (a)",

(B) by striking out in such subsection "section 373" and inserting in lieu thereof "section 383",

(C) by striking out in subsection (d) "section 373 (d)" and inserting in lieu thereof "section 383 (d)", and

(D) by striking out in such subsection "part H which deals with the National Library of Medicine" and inserting in lieu thereof "part I".

(c) (1) Section 395 of such Act is amended—

(A) by inserting "(a)" immediately after "SEC. 395.",

(B) by striking out in the second sentence "under

this section" and inserting in lieu therof "under this subsection", and

(C) by amending the section heading to read as follows: "ASSISTANCE FOR SPECIAL SCIENTIFIC PROJECTS, AND FOR RESEARCH AND DEVELOPMENT IN MEDICAL LIBRARY SCIENCE AND RELATED FIELDS".

(2) Section 396 of such Act is amended—

(A) by striking out "SEC. 396. (a)" and inserting in lieu thereof "(b)",

(B) by striking out in the second sentence of subsection (a) "under this section" and inserting in lieu thereof "under this subsection",

(C) by redesignating subsection (b) as subsection (c), and

(D) by striking out the section heading.

(3) Sections 397, 398, 399, 399a, and 399b of such Act are redesignated as sections 396, 397, 398, 399, and 399a, respectively.

MEANING OF SECRETARY

SEC. 10. As used in the amendments made by this Act, the term "Secretary" means the Secretary of Health, Education, and Welfare.

EFFECTIVE DATE

SEC. 11. The amendments made by this Act shall apply with respect to appropriations for fiscal years ending after June 30, 1970.

Passed the House of Representatives July 10, 1969.

Attest: W. PAT JENNINGS,
Clerk.

The CHAIRMAN. On July 7, I introduced legislation to improve and extend those provisions of the Public Health Service Act authorizing assistance to medical libraries and related facilities. This bill—the "Medical Library and Health Communications Assistance Amendments of 1969," S. 2549—would extend and expand an essential national program for improving communications throughout the health field. We will consider this bill and related bills today.

There is a vital need to assist the orderly growth of our country's health communication resources. Biomedical libraries constitute a fundamental "knowledge bank" for our national health effort in patient care, biomedical research, and professional education.

When the Medical Library Assistance Act of 1965 was passed, Congress recognized that the massive growth of biomedical knowledge had wholly outstripped our facilities for collecting and disseminating information in the health sciences.

At that time, American medical libraries, to which all other biomedical communications media must relate, were in a deplorable condition—inadequately housed, equipped, and staffed.

Under the Medical Library Assistance Act of 1965, a total of $74 million for fiscal years 1966–69 was authorized for the seven programs funded under this legislation. A total of only $34 million has been appropriated for the same 4 years for these seven programs.

The Medical Library Assistance Act of 1965 has made a beginning toward the solution of health information problems. However, I am impressed by the magnitude of the problems which remain. The complexity and the mass of health information produced by our advanced scientific society has outstripped our ability to store, retrieve, and deliver information to the people who need to use it.

At the frontier of interdisciplinary research, traditional information services are no longer adequate. New ways of organizing and presenting information must be developed. At the educational frontier, where students must learn so much in so little time, modern technologies for information transfer must be employed.

At the health service frontier there is an even greater challenge, that of communicating the new medical knowledge to those who minister daily to the Nation's health in the hospitals, medical offices, sickrooms, and other places where illnesses are diagnosed and treated.

At the present time we need 5,000 trained medical librarians and other health communication specialists. Less than 20 percent of the 7,200 accredited hospitals in the United States have library facilities that are in any way adequate for their needs.

Without continued and expanded support through the Medical Library Assistance Act, our health information problems can only worsen. On the basis of current progress and future plans, it is estimated that over 10,000 physicians will graduate from medical school in 1975, an increase of one-third over the present time.

Leaders in other health professions are also preparing for greatly expanded personnel requirements in the coming decade. To meet the instructional requirements this expansion will impose, more educational leaders are turning to greater use of medical library resources, particularly to programed learning in specifically designed learning resource centers.

It is hoped that this combination of bibliographic resources, technological apparatus, and educational research, will make teaching of the future more effective and more responsive.

The extension of the Medical Library Assistance Act that I introduced, while similar to the present act, incorporates several changes to take advantage of the experience and progress gained so far. This legislation would authorize a 5-year program with an increased authorization funding level from $21 to $41 million per year, or $205 million over 5 years, a level commensurate with the need we must attempt to meet.

Language changes are proposed to allow greater flexibility in administration and to permit more equitable and efficient utilization of funds.

The funds will be used for construction of medical school libraries and for establishment of regional medical libraries. Grants may be used to acquire books, films, and similar materials and to hire additional staff.

The bill authorizes funds for degree and internship programs to train individuals for new careers in health information fields. I have also included authorization for assistance for special scientific projects and for research and development in medical library science.

The Medical Library and Health Communications Assistance Amendments of 1969 will not resolve all the needs and problems in health communications. They will, however, provide assistance where needed and stimulate the formulation and adaptation of new ideas and new concepts for making health information available.

The statement of Senator Javits, ranking member of the minority party, will be inserted in the record at this point.

STATEMENT OF HON. JACOB K. JAVITS, A U.S. SENATOR FROM THE STATE OF NEW YORK

Senator JAVITS. The magnitude of the need to improve facilities and resources, manpower, and technological assistance for processing health science information continues to expand. I am pleased the Health Subcommittee has scheduled timely hearings on legislative proposals to improve medical library and related health communication services.

The "Medical Library Assistance Extension Act of 1969" (S. 2239), which Senator Dominick introduced at my request and is cosponsored by Senator Prouty and Senator Murphy, is the administration's bill to improve and extend those provisions of the Public Health Service Act authorizing assistance to medical libraries and related facilities in the field of health communications.

Whether we report out this bill, or S. 2549 introduced by the chairman, or the House-passed bill, H.R. 11702, or a compromise bill, will depend upon the testimony adduced at this hearing. What is most important—I believe—is that all of the proposed legislation reflects a national commitment to assure the success of the Nation's health programs and reaffirms our Government's responsibility in insuring that the vast cumulative knowledge of medicine is available for physicians, scientists, and the public, in useful form in our libraries. Unless a program of library assistance is maintained, major investments in pro-

grams of health services and research will be placed in jeopardy through the failure of effective development of health information systems.

The services and facilities of medical libraries are needed by the research scientists, the teacher, the student, and the practitioner to further the advances of knowledge, to transmit the knowledge to coming generations and to apply the knowledge to the benefit of the people.

The CHAIRMAN. The first witness is Dr. Robert Q. Marston, Director of National Institutes of Health, and Dr. Martin M. Cummings, director, National Library of Medicine.

Dr. Marston, will you please identify all of those with you?

STATEMENT OF DR. ROBERT Q. MARSTON, DIRECTOR, NATIONAL INSTITUTES OF HEALTH AND DR. MARTIN M. CUMMINGS, DIRECTOR, NATIONAL LIBRARY OF MEDICINE; ACCOMPANIED BY DAVID F. KEFAUVER, ASSOCIATE DIRECTOR FOR EXTRAMURAL PROGRAMS, NATIONAL LIBRARY OF MEDICINE, AND DR. GLEN WEGNER, DEPUTY ASSISTANT SECRETARY FOR HEALTH LEGISLATION

Dr. MARSTON. Thank you, Mr. Chairman. We are pleased to be before the subcommittee today.

I am Robert Marston, Director of the National Institutes of Health, and on my right is Dr. Cummings, who is the Director of National Library of Medicine. On his right is Mr. David Kefauver who is the Associate Director of the National Library of Medicine for Extramural Programs. On my left is Dr. Glen Wegner, Deputy Assistant Secretary for Health Legislation.

The CHAIRMAN. You are welcome to the committee, gentlemen. Proceed, Dr. Marston.

Dr. MARSTON. Thank you. Mr. Chairman, members of the committee, it is a pleasure to appear before this committee to express the support of the Department of Health, Education, and Welfare for legislation now under consideration which would extend the Medical Library Assistance Act of 1965. We particularly endorse S. 2239, which would extend this useful legislation for 1 year with minor modifications.

These modifications would increase the administrative flexibility of the programs and render them more responsive to national needs. They do not in any way depart from the original purpose and intent of the Medical Library Assistance Act as passed by the Congress and signed into law in October 1965.

In support of this proposed extension, I should like to report on the progress achieved under the Medical Library Assistance Act, and to summarize the national health information deficits which necessitate extension of this legislation.

In hearings held in behalf of the Medical Library Assistance Act before this committee on June 14 and 15, 1965, it was noted that there were large programs of Federal support for medical research and research training.

However, these programs did not provide support for the medical libraries and related facilities which felt the heavy burden caused by

increased demands for health information. The Medical Library Assistance Act was passed in recognition by the Congress that our medical library and related health information resources and services were inadequate to keep pace with the needs of an expanding U.S. health community.

American health libraries, with which all other biomedical communications media and services must be coordinated, were recognized to have serious deficits of manpower, facilities, and resources. They also lacked the tools and techniques to deal with a rapidly increasing volume of health information.

In enacting the Medical Library Assistance Act, the Congress emphasized that State, local, and private resources would continue to fund most of the cost of the country's health libraries and that the assistance provided through this legislation would necessarily be selective and partial.

At the same time, the Congress, and witnesses testifying in behalf of health professions and the library community, affirmed that the National Library of Medicine, in developing these programs, could serve as an effective catalyst to strengthen our national health library system.

The Department is pleased to report that accomplishment under the Medical Library Assistance Act of 1965 has been solid, recognizing that these are pilot programs in scope. They have pioneered new concepts and approaches. A total of $95 million for fiscal years 1966–70 was authorized, and $41.6 million—estimated—will have been appropriated in support of the seven programs funded under this legislation.

Grants totaling some $11.2 million have been made to support the construction of 11 health libraries in educational institutions throughout the country, providing 330,000 square feet of new medical library space.

For the purpose of increasing and organizing the health library resources of the Nation, 392 resource grants totaling over $11 million will have been awarded by the close of fiscal year 1970 for improved and expanded services in health libraries.

During the same period, nine regional library awards totaling $5 million will have been made, thus promoting the organization of health information services in cooperative, regional partnerships, designed to utilize the country's resources more effectively.

To expedite access, availability, and utility of health information through research and development, 64 research projects totaling some $5.9 million will have been supported. In addition, some 67 awards totaling $2.9 million have been made for 29 projects to repackage, synthesize, and distribute secondary literature resources in a wide spectrum of the health sciences.

In 1965, the country had 6,000 medical libraries, but less than 3,000 trained librarians to staff them. This is one of the examples of one of the areas where the need to improve the resources available and assisted by this act is clearest.

With just under $4.5 million appropriated under the Medical Library Assistance Act, some 20 graduate and postgraduate training programs have been initiated, and 309 persons will have received training through 1970. These programs have highlighted the application of

modern concepts and innovative technology to problems of information processing.

Since 1965 major new Federal programs for health have come into being. These new and expanding health care and health manpower programs generate an additional demand for highly sophisticated, rapid health information services.

Thus, Mr. Chairman, there is a vital need to maintain support for this country's health communications facilities, and to continue the programs which were begun under the Medical Library Assistance Act of 1965. We know that health practice, training, and research are now undergoing major changes—changes which, inevitably, will intensify the demands upon our health libraries and other health communications resources.

In moving toward concepts of comprehensive health care, we are gradually accepting new views about health and illness. Contributions from the behavorial and also the physical sciences have extended our understanding of the interaction of man and his environment in relation to health and illness.

The health worker of the 1970's will necessarily draw upon new, multidisciplinary information sources, hitherto outside traditional training for medicine and allied health professions.

The CHAIRMAN. I am called out for an emergency for a very few minutes. Senator Eagleton will chair the committee in my absence.

Senator EAGLETON. (presiding pro tempore). You may continue, Doctor.

Dr. MARSTON. One of the points I would like to emphasize is the continuing education, lifetime learning, for all personnel in the health sciences has become essential today and, concomitantly, has multiplied the pressures upon our communication resources. New tools for predigesting and repackaging the mounting volume of new information will be needed.

Even a few statistics highlight the severity of our problems in health communication, and underscore the need for continuing and expanding the pilot programs begun under the Medical Library Assistance Act of 1965. We face an immediate need for at least 5,000 trained medical librarians and other health communication specialists to service the country's 2.8 million health workers and growing numbers of students in health specialties.

The National Advisory Commission on Health Manpower, the American Medical Association, and the Association of American Medical Colleges have all called for the expansion of existing medical schools and the establishment of new facilities. On the basis of current progress and future plans, it has been estimated that over 10,000 physicians will graduate in 1975—a one-third increase in a 10-year period, requiring at least a proportionate buildup in health information resources for medical education.

In hearings on medical libraries in 1965, private witnesses testified that over $100 million was required to bring our health science library resources to recommended strength. Only $12 million for library resources was made available under the Medical Library Assistance Act.

Less than 20 percent of the 7,200 accredited hospitals in the United States have adequate health library facilities, although our community hospitals, increasingly, will have to serve as local teaching centers.

When we also consider that some 250,000 articles are published annually in an estimated 14,000 biomedical journals—over 5 million pages—the urgency of the need for new tools to synthesize and repackage health information begins to emerge.

S. 2239, which would be referred to as "The Medical Library Assistance Extension Act of 1969," would not resolve all the current needs and problems in health communications. The bill would, however, maintain the forward movement achieved through the important pilot program begun by the National Library of Medicine in 1965.

Mr. Chairman, in S. 2239 our request is for a 1-year extension of the authorizations for these library assistance programs. As you know, the President has directed a careful review of all grant programs to determine whether significant economies or improvements in efficiency or effectiveness could be achieved through consolidation of closely related programs.

During the coming year, the Department will be examining these library assistance programs in the light of this grant consolidation objective.

In the meantime, there are some immediate steps we can take toward this objective. Two of these steps are provided for in S. 2239. First, we are requesting a single general authorization provision—in place of separate authorizations for each program—to provide greater flexibility within the appropriation process and in program management.

Second, in order to simplify the language of the extension and to establish the relationship of two very similar programs, S. 2239 proposes to consolidate section 395, "Assistance to Special Scientific Projects," and section 396, "Research and Development in Medical Library Science and Related Fields," into a single section appropriately titled to reflect both program objectives.

Several other modifications of the original act are proposed to improve the responsiveness of the program to national needs and to facilitate program administration. For special scientific projects, including scholarly studies, broadened authority has been proposed to permit grants to institutions in behalf of selected individuals, as well as to such individuals directly.

Another amendment would permit use of funds for demonstration projects as well as research and development of new techniques in medical library science and health communications.

Two minor changes are proposed for the medical library construction program. One would delete the authority for awards in the absence of matching funds. This is a potential source of administrative difficulty, for use of the authority may lead to program funds being held "in escrow" for extended periods with matching funds not available. The second change would remove the ambiguous and redundant requirement of priority for award for "which the need is greatest."

For medical library resource grants, S. 2239 adds authority to support the establishment of new collections, and replaces the formula award provisions by a requirement for assurance that support will continue from non-Federal sources during and after the period of Federal assistance.

I would like to comment on one area of some considerable interest and that is the regional medical library program, which seeks to

equalize access to high quality information services for users remote from the large health libraries and their sophisticated services; we endorse several minor modifications.

These would permit support of planning and data-gathering activities needed to develop sound plans for region services, and to allow the designated grantee library to improve the document and other service capabilities of all libraries which participate in the project, by supplementing their resources as needed.

An ambiguous reference to "need" as a criterion for award in this section has been deleted. Contracting authority has been proposed for this program also, to permit more efficient reimbursement for certain services such as MEDLARS search and search formulation, which, because of their special nature require closer control or direction or specification by the National Library of Medicine.

For the publications support program, authority would be broadened to permit awards to all types of public and private nonprofit institutions of higher education only as under the current law.

S. 2339 also adds provision for exceptions to the present 3-year limitation on support for any single periodical publication, when this is found to be in the public interest.

To summarize, the Department of Health, Education, and Welfare, strongly recommends the enactment of S. 2239. In particular, we feel that the extension for 1 year is important so that possibilities for grants consolidation may be explored.

We support these programs in the certainty that improved communication in the health sciences is essential to the growth of health research, manpower, and service resources in the United States.

We are pleased with the modest but definite progress made under existing legislation and believe that the changes proposed will improve the effectiveness of those programs.

This concludes our prepared statement, Mr. Chairman. We are pleased to be able to testify for this legislation, and will be happy to answer any questions which the committee may wish to ask.

Senator EAGLETON. Thank you very much, Doctor. Let me ask you this. With the very great needs in the medical library field, bearing in mind perhaps $100 million in construction costs alone, how can slightly over $20 million a year in authorization possibly meet that need?

Dr. MARSTON. Mr. Chairman, I think this was discussed in some greater detail by Mr. Black, Assistant Secretary for Legislation, before this committee on Monday, in which he discussed the problems both of current inflationary pressures, the additional problems created by the imposition of expenditure controls, and their effects on meeting all of the needs of this country.

In fact, he pointed out that under such resource constraints the requirement that we choose our priorities among a host of desirable and even necessary programs becomes even greater.

What I can say is that the level of the authorization has been a subject of discussion within the Department. It has involved program operators, it has involved my office as Director of NIH, and the proposal that you have from us is a choice among difficult choices at a time of fiscal constraints.

Senator EAGLETON. Well, I take it, Doctor, what you are saying is, if I understand the dilemma, that if we were to approach this question in a vacuum and talk about just the needs of this particular program, quite frankly, it needs more than $20 million.

But we don't live in a vacuum and we have to interrelate all kinds of demands and requests upon the Government for expenditures, whether it is military or civilian, and try to cut up the pie, not necessarily to the satisfaction of all—indeed, not to the satisfaction of any one segment of the country that would like to see a particular program beefed up.

Is that a fairly accurate summary?

Dr. MARSTON. Yes, sir.

Senator EAGLETON. Senator Hughes of Iowa has joined us; I don't know if he wishes to inquire.

Senator HUGHES. I didn't hear the statement. I will pass at this time.

Senator EAGLETON. Dr. Cummings, do you wish to present a statement?

Dr. CUMMINGS. I have no prepared statement, Mr. Chairman, but I too would be pleased to answer any question that you or the committee members may have.

Senator EAGLETON. I have nothing that I care to address to you, Doctor. Do any of the other witnesses with you care to add anything to that which you have stated?

Well, I want to thank all of you gentlemen for being with us. Thank you very, very much.

Dr. MARSTON. Thank you, sir.

Senator EAGLETON. Our next witnesses are: Mrs. Jacqueline Felter, president of the Medical Library Association; Mr. William S. Dix, president of the American Library Association; and Dr. John A. D. Cooper, president, Association of American Medical Colleges.

While they are coming forward, it is my understanding that Mrs. Felter will sort of act as ad hoc chairman of this triumvirate and make such remarks as she desires. Her remarks will be supplemented by those of Mr. Dix and Dr. Cooper.

Mrs. FELTER. May I ask Dr. Stephen McCarthy to join us? He represents the Association of Research Libraries.

Senator EAGLETON. Excellent. Also joining Mrs. Felter will be Dr. Stephen McCarthy, executive director of the Association of Research Libraries. Dr. McCarthy, you are welcome.

You may proceed.

STATEMENT OF MRS. JACQUELINE FELTER, PRESIDENT, MEDICAL LIBRARY ASSOCIATION, DIRECTOR OF THE MEDICAL LIBRARY CENTER OF NEW YORK; ACCOMPANIED BY WILLIAM S. DIX, PRESIDENT, AMERICAN LIBRARY ASSOCIATION, DIRECTOR OF LIBRARIES AT PRINCETON UNIVERSITY; DR. JOHN A. D. COOPER, PRESIDENT, ASSOCIATION OF AMERICAN MEDICAL COLLEGES, WASHINGTON, D.C.; AND DR. STEPHEN McCARTHY, EXECUTIVE DIRECTOR, ASSOCIATION OF RESEARCH LIBRARIES, WASHINGTON, D.C.

Mrs. FELTER. Mr. Chairman, members of the subcommittee, I am Jacqueline W. Felter, director of the Medical Library Center of New York and president of the Medical Library Association, the organization which I represent today.

The Medical Library Association, established in 1898, has a membership of some 2,400 individual librarians of medical, dental, public

health, nursing, and pharmacy schools, medical societies, hospitals, pharmaceutical companies and a variety of medical research institutes, plus 670 institutional memberships in the United States.

Though primarily American, its membership is international in scope, there being also over 100 foreign medical institutional members. The association supports programs in continuing education, certification of medical librarians, publication, exchange of informational materials, offers scholarships to assist potential medical librarians through graduate library school training, maintains a placement service, and promotes a wide variety of bibliographical and professional activities.

It is a privilege to appear before this committee to testify in support of the extension of the Medical Library Assistance Act and authorization of adequate funding of its several provisions.

The first grants under the Medical Library Assistance Act were awarded in 1966, but the program was not fully operative until 1967. Moreover, less than half of the money that could have been appropriated under existing authorization is expected to have been appropriated by June 30, 1970, when present legislation expires.

Thus, there is a relatively limited base on which to judge how well the act is attaining its objective of improving the dissemination of the burgeoning volume of biomedical information among health scientists and practitioners by developing facilities and techniques for the collection, preservation, storage, retrieval, and use of this vital information.

At the time the Medical Library Assistance Act was passed, the full extent of the need was not known precisely, though there was no doubt that medical libraries as a whole across the country were in serious trouble because of lack of funds for buildings, book collections, and staff.

The statistics available came from voluntary surveys conducted by the Medical Library Association, and from studies sponsored by the National Library of Medicine—for example, the Bloomquist Report on Status and Needs of Medical School Libraries—the President's Commission on Heart Disease, Cancer, and Stroke, and nongovernmental agencies such as the Association of American Medical Schools.

Quantitative information of this kind is exceedingly difficult to obtain, but in the improved climate created by the Medical Library Assistance Act many aspects of communication problems in the health sciences are being disclosed. For example, surveys made in preparation for development of regional library service to be funded by both the Medical Library Assistance Act and regional medical programs, show that hospital libraries, especially, were often poorly organized to take advantage of the new support now available.

In general the act has proved well designed; moreover, it has been administered by the National Library of Medicine judiciously, effectively, and in an admirable unbureaucratic manner. The chief problem has been inadequate funding, especially for library resources, regional libraries, and above all, construction.

In the first two instances, it has been wise to start slowly, for bare land floods easily; but construction, for which the needs, obvious and extreme, had cumulated over many years when libraries were excluded from the support given for research in health sciences, might well have had stronger and more immediate support.

Nevertheless, though it is not possible at this time to measure improvements in absolute terms, they are easily visible. The following observations on the benefits that have resulted from the provisions of the Medical Library Assistance Act are derived from reports from colleagues, letters gathered from members of the Medical Library Association for transmittal to Senator Yarborough, published information, as well as my own conclusions.

SECTION 393—ASSISTANCE FOR CONSTRUCTION OF FACILITIES

The need for programs of support for the construction of medical libraries was described during the hearings on the Medical Library Assistance Act of 1965 as "critical." This word is still applicable.

Authorization for construction funding under the original act was $40 million. Dr. Marston presented the picture on construction, and your conversation with him was certainly enlightening. I would like to emphasize the fact, however, that less than 30 percent of the authorization of the original act has been appropriated.

All of this has already been awarded to 11 medical library construction projects around the country, but 12 additional projects, totaling over $14 million, have already undergone the arduous review process and been approved for funding, if the money becomes available.

These 11 active and 15 pending projects, totaling $28.2 million in all, represent only a portion of the need, the top of the iceberg. Many other medical libraries are seeking or planning to seek construction funds either for new buildings or for renovation and alteration.

First results from a current, and not yet completed, survey of all health-sciences libraries in the Nation indicate the need for new construction to be widespread and urgent. Certainly visits to any sampling of existing medical libraries in any part of the country disclose conditions that include the deplorable and, almost, the intolerable. Overcrowded and nonexpansible stacks, a severe shortage of seating for the library users, and woefully small staff work areas are common occurrences.

The tremendous increase in the demands made by medical education and research on their primary information resource, their libraries, has not been paralleled by an increase in physical plant to handle these loads. The result is a clogging of the system, and in some cases a near tragic lack of information transfer.

Without the proper physical environment in which to operate, medical libraries cannot meet their vital commitment to disseminate the information of the health sciences. The need for continued, and increased, support of medical library construction is still with us, and still critical.

SECTION 394—GRANTS FOR TRAINING IN MEDICAL LIBRARY SCIENCES

The provision of grants for training of medical librarians has been of special concern to the Medical Library Association, because, prior to passage of the Medical Library Assistance Act in 1965, the association had carried almost singlehanded the burden of responsibility for ameliorating the acute shortage of qualified medical librarians and promoting training opportunities for them.

At that time it was estimated that 40 new people, many without adequate qualifications, entered health-sciences librarianship annually for

150 who left through the course of normal attrition. As a consequence, as the President's Commission for Heart Disease, Cancer, and Stroke pointed out, there was need for at least 3,000 new professional librarians to staff the health-sciences libraries of the country properly in 1965.

Training opportunities were limited to one course of 30 to 45 credit hours in each of 10 library schools and a combined total of eight internships in three libraries. Two of these libraries have meanwhile dropped their internship programs, but five have been added in other places to bring the total to six, of which five are supported with training grants under the Medical Library Assistance Act.

Courses are offered now in 16 library schools in the United States. Four of these have established, with the aid of training grants, a complete curriculum in the health-sciences field; the courses in the other 12 schools are supported by their own institutions, four of the latter having been developed since 1965.

Through calendar year 1968, 148 students were awarded places in training programs supported under the act. From this total, 51 have completed training; 47 of them are now holding full-time positions in medical libraries in 21 States. Furthermore, the catalytic effect of the act can be seen in the growing number of applicants for all types of biomedical library training opportunities.

Recent library school graduates continue, of course, to enter health-sciences libraries without benefit of specialized training; 92, for example, from the class of 1968, the latest year for which complete figures are available. Though the flow of new librarians into the health sciences has doubled in the past 3 years, the increase in supply goes a short way toward filling the demand.

It should be noted that those with special training are sought for more difficult posts and presumably are promoted to positions of increased responsibility more rapidly.

Some indication of the stability in the field of trainees who have completed internships may be gained from experience in one program supported as a pilot project by another agency for 5 years prior to inauguration of the National Library of Medicine training grants.

Over the 7-year period 1961–62—1967–68, 22 trainees graduated from the program; 19 are now working at various levels of responsibility in medical libraries, one is nearing completion of work for a Ph. D. preparatory to a teaching career in librarianship, with emphasis on the biomedical field, one is a department head in a university library after 6 years in medical librarianship, and one is raising a family after 3 years in the field.

Clearly the training provision is meeting its goals by attracting superior candidates to careers in biomedical information, stimulating institutions to develop new courses and fresh approaches, and supporting studies on immediate and long-term manpower needs, but as the statistics just cited demonstrate, progress in meeting the manpower problem has only begun.

Moreover, the manpower demand has increased significantly since 1965 because of the number of new medical institutions and the strong emphasis on continuing education in relation to delivery of health care, an emphasis which has focused attention on the urgency of improving the flow of biomedical information.

Obviously, if training in communications does not continue at a quick pace, we must give up any hope of directing the flood of biomedical information into useful channels in the future. Accumulating an adequate supply of well-qualified personnel is a slow process at best; to interrupt what has been so well started would be shortsighted indeed.

SECTION 396—RESEARCH AND DEVELOPMENT

During the past 3 years a good number of research grants and contracts with direct or indirect applicability to medical libraries have been awarded. The projects have dealt primarily with analysis of the flow of biomedical information, evaluation of systems for dissemination of this information, experimental construction of such systems, studies of users' environment, needs and preferences, new techniques indexing, preparation of self-instructional guides for users of biomedical information, evaluation of collections and methods in biomedical libraries, applications of computers to library operations, and methodology for statistical surveys of health-sciences libraries.

Librarians have served as principal investigators for only a limited number of these projects, but the number should, and undoubtedly will, increase once other provisions of the act have eased preoccupation with problems of support for such fundamental operations as bringing basic book collections to minimum standards, organizing and giving service with them, finding space for books, readers, and staff, and acquiring a modicum of modern equipment.

The very existence of the provision and ongoing examples of its implementation, moreover, are encouraging many librarians to think of old problems in new terms.

SECTION 397—IMPROVING AND EXPANDING BASIC RESOURCES

Section 397 authorizes grants for the improvement and expansion of basic resources in individual health-sciences libraries. Resource grants have reached more libraries and through them have had a more immediate impact on the dissemination of biomedical information to educators, investigators, other health professionals, and students than any other provision of the act.

Through February 1969 awards have been announced for 392 institutions in 49 States. However, I remind you that there are approximately 100 medical schools and approximately 6,000 libraries in hospitals. There is a considerable contrast in the figures. Approximately one-fourth of the awards have been for academic libraries, three-fourths for libraries in nonacademic institutions, of which hospitals are the most numerous. In dollars, however, the proportions are different, because the larger awards have gone to academic libraries which serve large groups of users.

Resource grants have been utilized in a wide variety of ways as the over 200 letters accompanying this statement illustrate. The collection includes letters from health-sciences library users who recognize how much has been accomplished that was impossible to do within the limitation of institutional budgets, as well as from librarians.

To summarize, the heaviest use has been for expansion of book collections through purchase of recent books, subscriptions to current

journals, reference works, and, in some of the larger libraries, back files of important periodicals. Resource grants have made possible the acquisition of books and journals in microfilm, Audio-Digest tapes, films and other audiovisual materials to enrich library resources and have financed an extensive amount of repair and binding of valuable materials which would otherwise have been destroyed or lost.

Another kind of enormously useful assistance has been the funding of salaries for personnel to process backlogs of uncataloged materials, revise outmoded classification and subject-heading systems, provide or increase bibliographic, current alerting and reference service for users, extend hours of service, and inventory and rearrange collections.

Many libraries report using funds for microform readers, photocopying and projection equipment, furniture and office equipment; some for minor renovation and remodeling. Several of the libraries have expedited the automation of library functions which not only speed and simplify the preparation of library materials, but produce byproducts such as book catalogs, union lists, and a variety of other listings which can be distributed to individual users and outside libraries to facilitate broad use and easy access to the materials listed.

Such products have been particularly valuable in larger libraries that have used resource grants to give free interlibrary loan and journal article copy service to smaller neighboring libraries, or where groups of libraries have formed cooperatives. Installation of leased teletypewriter units in a number of libraries has expedited interlibrary loan and reference service.

There are already heartening examples in hospital medical libraries of the "seeding" effect of resource grants. Hospital medical staff dues have been voluntarily increased to further enlarge services and collections, individual gifts are on the increase, and hospital administration is itself responding to the demonstrated effectiveness of libraries to programs of continuing education and patient care when there is adequate support.

The same effect is to be expected in health-sciences libraries of all types.

When hearings on the Medical Library Assistance Act of 1965 were held, the statement was made that over a hundred million dollars would be required to bring medical library collections alone to recommended standards. The authorization of resource grants for the 5-year period of the original act is $15 million, and it seems unlikely that all of this will be appropriated.

The appropriations made thus far have paid great dividends, but they need to be at least doubled if we are to catch up in anywhere near reasonable time with the current deficiencies built up over decades of neglect.

SECTION 398—ESTABLISHMENT OF REGIONAL MEDICAL LIBRARIES

Regional medical libraries are prime components in the national medical library network. Their goal is to provide backup service for roughly 90 percent of the medical library needs of their respective regions and act as switching stations between local libraries of the region and the National Library of Medicine, other national information resources, and other regional information resources.

Through this mechanism the individual user of any health-sciences library has access to all health information resources of the country. The network is a splendid means of utilizing these resources to the fullest for the benefit of the health of the people as a whole.

The system is still in its infancy, but 10 regional medical library services based on major medical resource libraries within their respective regions have been designated and one more is in the offing. It should be noted that one reason for the slow start of this program was the absence of authorization in the Medical Library Assistance Act of 1965 for planning grants for an activity that by its very nature as a cooperative regional venture requires an unusual amount of careful groundwork.

Of the 10 existing regional medical libraries, only five, including the mid-Atlantic regional library which is part of the National Library of Medicine, are as yet fully operational. The New England regional medical library service (NERMLS) at Harvard University's Countway Library of Medicine, with almost 2 years of operating experience, is the best example of a regional medical library in action.

NERMLS offers a rapid and extensive free interlibrary loan and photocopy service, announcement, reference, and MEDLARS services, a referral service, and a variety of consulting services. It has successfully conducted the first of its projected series of workshops and continuing education courses for hospital library personnel and library users. The scope of the other regional medical libraries is or will be similar, funds permitting.

Regional medical libraries have already demonstrated a remarkable potential for effective service in the areas where they are operational, but they are certain to be handicapped by the $2.5 million annual ceiling on the regional program as a whole. This limited authorization not only precludes the establishment of more than the 11 regions presently contemplated, but also means that many services cannot be developed to more than superficial depth.

The 11 designated regions are either so densely populated or so large geographically that there is little hope of establishing meaningful contact with all the libraries in any given region. Even normal expansion of services after the third year of operation appears a doubtful possibility, while either development of new services or utilization of new technologies as they become feasible is out of the question unless a higher level of funding is authorized.

CONCLUSION

The Medical Library Assistance Act has an organic integrity which gives added value to each of its provisions when considered as part of the whole. The Medical Library Association is thus decidedly concerned with all sections of the act, although we have spoken to only those which are most directly oriented toward medical libraries.

The association applauds the progress which has been made in improving the dissemination of health-sciences information and opportunities for its use under the aegis of the act and wholeheartedly supports its extension. Inasmuch as the bills before the subcommittee differ with respect to the length of the extension, I earnestly request on behalf of the Medical Library Association that serious consideration be

given to recommendation of the longer period. Extension of the act for a period longer than 1 year enables librarians to plan constructively, schedule projects step by step where each improvement is dependent upon a previous one, and, above all, attract the best people to carry out these programs because they can be assured of continuity of employment.

A 1-year extension would induce crash programs and possibly uncompleted programs, either of which is undesirable if not disastrous. Finally, we urge that the act include authorization for appropriations increased to levels more in line with the job to be done. We note the increases in annual appropriations recommended in S. 2549. My statement has indicated our agreement that construction, training resources, and regional libraries are indeed areas in which, with stronger support, real progress could be made on the groundwork of present accomplishment.

As part of this testimony I wish to present these letters from some of the librarians and health professionals across the Nation who share our views on the effectiveness of this legislation and the high priority its extension and augmentation deserves. You may wish to make some of them or all of them part of the record.

The association deeply appreciates the opportunity to participate in these hearings. Thank you.

Senator EAGLETON. Thank you very much, Mrs. Felter. The packet of letters will be printed as an appendix to the hearing record.

Mrs. FELTER. Thank you very much.

Senator EAGLETON. Mr. Dix?

Mr. DIX. Thank you, Mr. Chairman. I shall be very brief.

My name is William S. Dix, librarian of Princeton University, and I am this year president of the American Library Association, a nonprofit educational organization of approximately 40,000 librarians and others interested in the adequate development of libraries so that they will fulfill properly their role in the scientific, technological, economic and cultural progress of this Nation.

In support of S. 2549, I am speaking for the whole association, its 14 constituent divisions, and particularly for two of these divisions: the Association of College and Research Libraries and the Association of Hospital and Institutional Libraries.

A review of the medical field and its literature shows that great changes are taking place in training, teaching, research, and in the practice of medicine. New ideas and facts are coming out continually, in ever-increasing numbers, and in growing complexity.

The physicians' and the people's views are changing. It is a matter of education and reeducation throughout life, not only for the individual, but for the health scientist. All of this requires increased appropriations for the Medical Library Assistance Act.

We should also note the enormous amount of literature being published. An estimated 14,000 biomedical journals are published annually, containing 250,000 articles with over 5 million pages.

Furthermore, we should take into account the magnitude of the problem: more than 6,000 much-needed libraries are being maintained

by medical schools, hospitals, medical societies, schools of nursing, pharmacy, veterinary medicine, osteopathy, public health, and other segments of the medical and health community.

According to figures presented by the Surgeon General of the Public Health Service before a House committee recently, the Nation had, in 1965, the 6,000 medical libraries just mentioned, but less than 3,000 trained librarians to staff them; and less than 20 percent of the 7,200 accredited hospitals in the United States have adequate health library facilities, although these community hospitals will have to serve increasingly as local teaching centers.

This same source calculated that we face an immediate need for at least 5,000 trained medical librarians and other health communication specialists to service the Nation's 2.8 million workers in health fields.

The American Library Association has been in accord with the purposes authorized in the act since it was first proposed and subsequently passed in 1965: (1) construction for expansion, renovation of existing or construction of new health-sciences libraries; (2) training in health information specialties and communication research; (3) special scientific projects for programs in documentary evaluation and analysis of advances in health sciences; (4) research and development relating to projects dealing with health communication problems; (5) resources for enlarging and improving library collections; (6) regional medical libraries for expansion of resources and/or facilities to encourage better geographic access to biomedical information; and (7) publications for preparation/production of publications on information of interest to scientists, practitioners, educators, or medical librarians. The ALA still heartily endorses these program objectives, particularly since yearly appropriations have been continually diminishing, while unmet needs grow greater.

It has been pointed out that the National Advisory Commission on Health Manpower, the American Medical Association, and the Association of American Medical Colleges have all called for the expansion of existing medical schools and the establishment of new facilities.

On the basis of current progress and future plans, the one-third increase in medical personnel in a 10-year period (1965–75) will require at least a proportionate buildup in medical library resources.

The first grants were awarded in 1966, but the program did not get into full swing until 1967. Less than half the money which could have been appropriated under existing authorization is expected to have been appropriated by the time the present legislation expires.

A total of $95 million was authorized for fiscal years 1966–70, but only an estimated $41.6 million has been appropriated to date for the support of the seven programs under this act, according to statements of the Surgeon General.

It was calculated, according to the Surgeon General, that in 1965 over $100 million would be required to bring health service library resources up to their recommended strength. Only $12 million was made available.

In the testimony presented so far, we have pointed out the magnitude of the problem, the large number of institutions to be supplied with medical library resources, the increasing amount of data to be made available to the ever-growing numbers of persons in training, in research, in teaching, and in the practice of medicine.

We have observed that innumerable new facts and information become available annually in the field of health science. We have also noted that the amount of money appropriated to date since the inception of the act has been only about a half of what was authorized for the period 1965 to 1970. Much has been done, but gaps still remain.

Accordingly, the American Library Association heartily supports legislation to extend the Medical Library Assistance Act. Of the bills being considered—S. 2549, the 5-year extension introduced by Senator Yarborough; S. 2239, the 1-year extension sponsored by Senator Dominick; and H.R. 11702, the House-passed 3-year extension—it appears to us that S. 2549 offers the greatest potential, gives the program stability by assuring time for essential long-range planning in the 5-year extension of the present programs, and it includes the technical amendments in the Dominick bill—S. 2239—which provide greater flexibility and a broader base for participation.

We also favor this particular piece of legislation because of the higher amount it authorizes—$41 million, as compared with $21 million per year in the other legislation offered. All evidence from research and studies shows that this amount is needed to do this important job.

Therefore, we enthusiastically endorse S. 2549 and urge early and favorable action by this committee.

In closing, may I express my appreciation to you, Mr. Chairman, and to your committee, for permitting me to testify on behalf of the American Library Association.

I would like to make just one or two brief comments, if I may. These deal with this whole problem in a broader context, I think. What we are concerned with here is the flow of information and knowledge from the point at which it is created to the point at which it is put to use.

In the medical field, all of us laymen are certainly aware from the daily newspapers of constant advances, constant new techniques and ideas. The important thing is that these be made available to the people of the country through their medical men and the supporting personnel.

Now, in this operation a library is obviously essential. It is the pool that stores this information until it is used and needed. The National Library of Medicine has been wonderfully innovative, it seems to me, in expediting this flow by a variety of ways, and the provisions in the Medical Library Assistance Act have helped implement this flow of transmission of knowledge from the center out to the most remote parts of the country.

Senator HUGHES. Mr. Dix, may I interrupt?

While you are talking about flow, perhaps you would expand for me on the regional library complex in line with this flow.

Mr. DIX. I will be glad to do it in a general way. I am not a specialist in the medical field and I think Mrs. Felter may wish to amplify what I say, but let me respond immediately by saying this: Well, I must fall back, I think, on an image that I used in testifying before another committee of Senator Yarborough some months ago, and that is the millpond concept.

A millpond stores up some water until it is needed to turn the mill wheel. Somebody operates the sluice and the wheel runs when it is needed. This is very much the kind of thing a library does. It stores up information, holds it until it is needed.

There is one important difference, of course, in that the flow out of the library must be selective—not just any water, but quite specific water.

This millpond can be national and central; it could be in Washington. Obviously, though, I think one needs a series of supplementary millponds around the country. These regional libraries, as I understand it, help serve that function. That is, they don't store all of the water; they store the most highly used, most selective portions of it that might be needed.

This information cannot come directly from the National Library of Medicine to the consumer in Idaho, let us say, because there are increasingly complex, technical innovations which help expedite this flow, that is, the use of the computer. Every doctor cannot have a computer terminal in his office. It needs some sorting out at the receiver.

Now, that is a very simple layman's explanation of my understanding of the way they work, but in more detail I think I would refer you to Mrs. Felter or perhaps to Dr. Cummings. What I am saying is simply that it seems to me that the provisions of the bill before us have helped all the elements that expedite this flow, that is, you have got to have buildings, training people, you have got to have varieties of publications and experimentation, you have got to have books and other sorts of library materials. So that I see this act in general as simply expediting this essential, very essential flow in this field, essential to the health of the country.

The American Library Association therefore heartily supports legislation to extend the Medical Library Assistance Act. Of the bills being considered, it appears to us that S. 2549, Senator Yarborough's bill, offers the greatest potential, since it gives the program stability by assuring time for long-range planning, which seems particularly essential in a complex field.

It includes also the technical amendments of Senator Dominick's bill, S. 2239, which provide a greater flexibility and broader base for participation, and finally, because it authorizes larger expenditures. We all know that things keep costing more and more and I would like to see that kind of a target placed on a bill of this sort, that is, a considerably larger sum, $41 million as compared to the $21 million per year, which the other legislation has offered.

I think, Mr. Chairman, that is all I need to say at this point. Thank you very much, sir, for letting us participate.

Senator EAGLETON. Thank you, Mr. Dix.

Dr. Cooper?

Dr. COOPER. Mr. Chairman and members of the subcommittee: I am Dr. John Cooper, president of the Association of American Medical Colleges. I am very pleased to have this opportunity to appear here today as a representative of the Association of American Medical Colleges, to express our enthusiastic support for S. 2549 to amend and extend for 5 years the Medical Library Assistance Act of 1965.

I think you know the association is made up of all medical schools in the United States, 350 of the major teaching hospitals and 30 distinguished academic societies in medicine. The association and the institutions and organizations which make up its membership are dedicated to the improvement of the health of all the people.

Its members play crucial roles in the education of physicians and other health professionals, the advancement of knowledge through research, the provisions of hospital and clinical care to very substantial numbers of patients and improvements in the methods of providing such care that can, when perfected, be applied to other settings.

As you may recall, the association gave its complete support to passage of the Medical Library Assistance Act of 1965, recognizing the urgent need to correct those major deficiencies in medical library facilities which studies during the prior decade had revealed and defined, and which the programs of that act were designed to correct.

While medical libraries are of crucial importance to health education as well as to research and the transmission of knowledge about improved methods of diagnosis and treatment, their performance has been limited by scarce funding, a rapid increase in the volume of information which they must collect and dispense, and growing demands for rapid, often specialized, information services.

A few months ago, it was our privilege to express our support for extension of the programs authorized by the Medical Library Assistance Act, when bills for this purpose were considered by the House of Representatives Subcommittee on Public Health and Welfare of the Committee on Interstate and Foreign Commerce.

At that time we urged support for an extension of 3 years rather than for a shorter period. The bill recently passed by the House, H.R. 11702, in my opinion reflects the good judgment of that committee in considering the various alternatives available to it.

After a careful review of the provisions of S. 2549, I should like to express for the association our preference for this bill which Senator Yarborough has introduced. A 5-year extension, matching the term of life originally provided by the Medical Library Assistance Act, can do much to assure enthusiastic institutional interest in and commitment to these programs.

It will provide the opportunity for better planning and provide evidence of national commitment to the skilled librarians, educators, researchers, and administrators who will participate in these projects. We are pleased to note that facilitating amendments proposed in the earlier bills are also proposed in S. 2549.

It is particularly important, we think, to provide higher levels of support, and the increased authorizations proposed for appropriations for these programs will make such increases possible.

Since the passage of the act, $40 million were authorized and $11.25 million appropriated for medical library construction. Of the 11 new medical library buildings helped with these funds, nine were for medical schools.

As we expand our education of health professionals, I can assure you that much more such assistance is needed to bring the health libraries of our medical schools and allied health educational institutions up to the standards we think they should attain.

To prepare the kind of health professionals that society deserves, S. 2549 proposes to increase the authorization maximum for health library construction from $10 to $20 million per year, which is a substantial improvement. We understand, of course, this does not assure that the funds will become available, but it is important to have this authority in the hope that Federal assistance for construction projects will become more liberal in the future.

Accordingly, we wish to express our complete support for this proposed increase.

For training grants and fellowships in medical librarianship and related specialties, we note that $4.5 million of the $5 million authorized have been appropriated, and that, while the Medical Library Assistance Act has permitted a useful contribution to needed staff for our libraries, recent reports cite a continuing need for perhaps several thousand workers for medical libraries and related information centers for health.

We support the increased funding for this program proposed by S. 2549; greater efforts to train such workers are clearly necessary and require Federal support and encouragement.

We are also impressed with the help which has been provided to medical libraries to improve their services generally, by enabling them to expand their collections and services through the medical library resource grants program. For this program, the act authorized $15 million over 5 years; appropriations will total about $12 million. These funds will contribute to the improvement of over 390 libraries.

They do not approach the $100 million reported in 1965 to be needed for such resources, in hearings held in behalf of the act prior to its initial passage. This is a tremendously important program. With the higher potential funding provided by S. 2549, which we heartily recommend, this program can give considerably more than first aid to thousands of vital but handicapped libraries.

I would also like to express the support of the association for the regional medical library program. This program is predicated on the belief that improved library services can be provided through regionalization, provision of funds, and increased organization and utilization of existing regional resources.

This program provides the library component of the developing biomedical communications network and, as such, has and should continue to provide more efficient library services for all health professionals and institutions.

Attempts to repackage literature and to develop new techniques and methodology for providing more efficient access to health information are supported by special scientific projects, research and the biomedical publications programs. These activities, hopefully, will contribute to the systems and technology required for the most effective use of the improvements in manpower, facilities and resources emphasized by the other programs authorized by this legislation.

To conclude, S. 2549 proposes an excellent combination of provisions for the extension and improvement of the Medical Library Assistance Act. The Association of American Medical Colleges is pleased that medical schools and their essential libraries have benefited from the programs as originally designed.

We feel that S. 2549 will continue these programs and at the same time make possible still more effective improvements to medical library facilities and programs in the future. The association endorses S. 2549, to be cited as "The Medical Library and Health Communications Assistance Amendments of 1969," and urges that it be enacted.

Finally, we urge that the increased authorizations be enacted and that the full amount authorized be appropriated in order that these institutions, the medical libraries, serving as fundamental institutional

resources for health service, education and research, may realize fully their contributions to the national health effort.

Senator EAGLETON. Senator Hughes now has some questions that he would like to propound to you.

Dr. COOPER. I might add just one statement on the regional library program.

Senator HUGHES. I was going to ask you about that.

Dr. COOPER. We think this is a terribly important program because it does provide part of a biomedical network which we think is going to become of increasing importance in the future to maintain the information flow, not only to the medical schools that are involved in the education of health professionals, but to the efforts which medical centers are making to increase the continuing education of practicing physicians and the upgrading of medical care throughout the community.

This particular regional library medical program does provide the library component for developing this biomedical communication network. We have been working very closely with the library in implementing the network. We do think it will be of great importance in our efforts.

Senator HUGHES. When I asked Mr. Dix about flow of information, I wanted a more concise followthrough. Is this library information available to every doctor who wants to contact the library for source information regarding any particular subject?

Dr. COOPER. Yes, sir. Of course, in the past the practicing physicians of the country, as well as those in the academic institutions, have had access to the considerable store of information and specialized kinds of programs which the National Library of Medicine has developed here in the Washington area.

Through the regional library program these same kinds of resources are now available in centers spread around the country, which makes them much more accessible and which relates the regional library centers to the other libraries as backup sources.

The biomedical information network, which is now under development and planning, will further effect the transfer of information from the resources of these regional libraries into the physicians' community hospitals, where a great deal of continuing education will be done and, as appropriate, to the individual physician.

Senator HUGHES. The problem as I view it, Doctor, is not with the medical schools but primarily with those who have been out of the medical schools for many, many years. They try to keep updated and following through on these matters, which is a great problem because they are all overworked. They can hardly find time to sleep, and trying to keep up to date on so many of these things is a very critical problem.

I think it is important for the record that we establish that a doctor who has been practicing 50 years probably has a greater problem than anyone because of the length of time out of school, with new developments and updating. Can you just briefly state the importance of this availability to the general practitioner?

Dr. COOPER. Senator Hughes, I might point out that medical schools, the academic medical centers, and other teaching hospitals are taking increased responsibility for moving outside of the walls of their institutions into the community.

We have good evidence of this in the regional medical program through a lot of other activities in which the medical centers are actually relating much more closely to the community hospitals and to the practicing physicians. This is an area we recognize is extremely important to provide the kind of medical care which we think society has a right to, and we can develop these programs so that they don't interfere unduly with the ongoing programs, and in our attempts to increase the output of professionals, which we also think is important, we are moving out into the community.

Of course, the sources of information as provided in the medical school libraries and in the research libraries, are extremely important in this educational process.

Senator HUGHES. Are you doing this through normal extension services or private?

Dr. COOPER. There are a great variety of methods that are being used, and these vary from region to region, depending upon the particular problems which the regions present. Medical library programs are one very important way.

We also have greatly increased use of television, and of physicians from the academic medical centers who circuit-ride and provide information. We have increased communications between the outlying community hospital and the urban centers for transfer of information by telephone, by direct contact and so on.

There are a great variety of ways in which we are carrying this out.

Senator HUGHES. In other words, you are reaching for every doctor, whether they graduated from a particular university or school in the State. For example, we spend most of our educational money in Iowa educating doctors who immediately leave the State and never return again.

Out of 75 graduating, 10 may be staying in the State, I think, if I recall last year's statistics. So actually, except residency, you know, within the State of Iowa, we have vacancies all over the State and cannot begin to meet them.

What I am pointing out is that among the practicing physicians you would not find any great attachment to our only medical school in the State.

Dr. COOPER. It is a very difficult program because of the size of the task and limitation of resources which have been available to medical schools for their educational program, and we have not had great support, especially in Federal programs, for this part of our responsibility.

As we can, we are moving now into the community. I think if you will review the articles in the Journal of Medical Education, you will find a great number and great variety of ways in which the medical schools are attempting to do exactly what you are talking about. But it is a very, very large task because of the number of physicians in practice and because of the problems of distance and so on.

Senator HUGHES. I am just trying to help the record, Doctor; I am not trying to show that you are not doing this.

I just wanted to show the importance of the fact that it will be done and the support in this instance. I think you have done very well.

I would like to ask you this, now. I am the chairman of the Subcommittee on Alcoholism and Narcotics Addiction. We have also been conducting hearings under the able leadership of the Senator from Texas on the local community mental health centers.

In all of these I found a great abandonment and neglect of alcoholism and narcotics abuse, available information, education or anything else on the subject. I have, Doctor, found not a single psychiatrist or physician who testified before any one of these committees who has had any academic background or training in the field of alcoholism.

I would like to know if the library services as you know them—I realize this is a specialized, narrow field—do have all the latest available information. Is it being disseminated and are the universities doing anything about it, or can we be of assistance in this particular bill to make this information available?

Dr. COOPER. Yes, sir. I am sorry I cannot speak specifically about this area. However, the library has responded very well in making information in special fields available through special searches and other types of publications.

And I know personally that as a member of the medical profession, I have received a fair amount of information on alcoholism and mental health.

Senator HUGHES. I am sure you did on mental health, but I am talking about specialized information on alcoholism while you were in the academic years of training.

Dr. COOPER. In the academic years of training I cannot recall any special emphasis on alcoholism.

Senator HUGHES. Four psychiatrists testified that they received prejudice, rather than training, against the disease of alcoholism while they were in medical school.

I am just stating this as a matter of record. I am trying, because we are exploring this whole area, to point out, Doctor, that we have 6 million alcoholics, we have a terrific drug abuse problem, and, of course, a growing addiction problem.

I am talking about this type of specialized medical area, where I see the library could really be a functional tool for the men who not only never had any training in the field but who have been, due to heritage and everything else, prejudiced against treating this type of patient.

To me that is a totally unmet problem in this country. Would you agree with that?

Dr. COOPER. I greatly agree, sir.

Senator HUGHES. We do not disagree on that, do we? I am just trying to point out that we have an abandoned area. It is not the fault of anyone, unless it is society itself.

Dr. COOPER. I will point out, in the hospitals which are affiliated and related to our medical schools by their very nature deal extensively in problems of alcoholism, and we have research efforts going on in the field of alcoholism.

As a matter of fact, we have centers in medical schools dealing specifically with these particular problems.

Senator HUGHES. We have got one at the University of Iowa. One which I had to break some backs to get set up, I might add. It involved the negotiation of land trades and every device I could use on the board of regents to see that the school got that.

This is the only type that prevails. I do not want to take the time of the Chair and the record to do this. We agree and you are certain that this is an available resource to many physicians who have little

or no knowledge of specialized treatment in some of these fields—that is the only point I am trying to make.

Thank you very much.

Dr. COOPER. Thank you, sir.

The CHAIRMAN. Dr. Cooper, I have been reading your statement.

Dr. McCarthy, I don't believe we have heard from you yet. We would like to hear from you.

Dr. MCCARTHY. Thank you, sir.

Mr. Chairman, members of the subcommittee, my name is Stephen McCarthy. I am executive director of the Association of Research Libraries. The association is an organization of 85 of the major research libraries of this country made up of all the large university libraries, the three National Libraries—the Library of Congress, the National Agricultural Library, and the National Library of Medicine—and several private and public libraries that maintain extensive research collections.

A list of the membership is attached to this statement. I wish to ask that the membership roster of the association be made a part of the official record.

The CHAIRMAN. I so order.

(The document referred to follows:)

ASSOCIATION OF RESEARCH LIBRARIES MEMBERSHIP LIST, MAY 1969

University of Alabama Library, Tuscaloosa, Alabama 35486; W. Stanley Hoole, Librarian

University of Alberta Library, Edmonton, Alberta, Canada; Bruce Peel, Director

University of Arizona Library, Tucson, Arizona 85721; Robert K. Johnson, Librarian

Boston Public Library, Boston, Massachusetts 02117; Philip J. McNiff, Librarian

Boston University Library, Boston, Massachusetts 02215; John Laucus, Acting Director

University of British Columbia Library, Vancouver 8, Canada; Basil Stuart-Stubbs, Librarian

Brown University Library, Providence, Rhode Island 02912; David A. Jonah, Librarian

University of California Library, Berkeley, California 94720; James E. Skipper, Librarian

University of California Library, Davis, California 95616; J. R. Blanchard, Librarian

University of California Library, Los Angeles, California 90024; Robert Vosper, Librarian

Case Western Reserve University Libraries, Cleveland, Ohio 44106; James V. Jones, Director

Center for Research Libraries, Chicago, Illinois 60637; Gordon R. Williams, Director

University of Chicago Library, Chicago, Illinois 60637; Herman H. Fussler, Director

University of Cincinnati Libraries, Cincinnati, Ohio 45221; Bruce Kauffman, Acting Librarian

University of Colorado Library, Boulder, Colorado 80304; Ralph E. Ellsworth, Director

Columbia University Libraries, New York, N.Y. 10027; Richard H. Logsdon, Director

University of Connecticut Library, Storrs, Connecticut 06268; John P. McDonald, Director

Cornell University Libraries, Ithaca, New York 14850; David Kaser, Director

Dartmouth College Libraries, Hanover, New Hampshire 03755; Edward C. Lathem, Librarian

Duke University Libraries, Durham, North Carolina 27706; Benjamin E. Powell, Librarian

University of Florida Libraries, Gainesville, Florida 32603; Gustave A. Harrer, Director

Florida State University Library, Tallahassee, Florida 32306; N. Orwin Rush, Librarian

Georgetown University Library, Washington, D.C. 20007; Rev. James B. Horigan, Director

University of Georgia Libraries, Athens, Georgia 30601; W. P. Kellan, Director

Harvard University Library, Cambridge, Massachusetts 02138; Douglas W. Bryant, Librarian

University of Illinois Library, Urbana, Illinois 61803; Robert B. Downs, Dean of Library Administration

Indiana University Libraries, Bloomington, Indiana 47405; Robert A. Miller, Director

University of Iowa Libraries, Iowa City, Iowa 52240; Leslie W. Dunlap, Director

Iowa State University Library, Ames, Iowa 50010; Warren Kuhn, Director

The John Crerar Library, Chicago, Illinois 60616; William S. Budington, Director

Johns Hopkins University Library, Baltimore, Maryland 21218; John H. Berthel, Librarian

Joint University Libraries, Nashville, Tennessee 37203; Frank G. Grisham, Director

University of Kansas Library, Lawrence, Kansas 66044; David W. Heron, Director

University of Kentucky Libraries, Lexington, Kentucky 40506; Stuart Forth, Director

The Library of Congress, Washington, D.C. 20540; L. Quincy Mumford, Librarian

Linda Hall Library, Kansas City, Missouri 64110; Joseph C. Shipman, Librarian

Louisiana State University Library, Baton Rouge, Lousiana; T. N. McMullan, Director

McGill University Library, Montreal 2, Canada, Keith Crouch, Director

University of Maryland Library, College Park, Maryland 20742; Howard Rovelstad, Librarian

University of Massachusetts Libraries, Amherst, Massachusetts; David Clay, Director

Massachusetts Institute of Technology Libraries, Cambridge, Massachusetts 02142; William N. Locke, Director

University of Michigan Library, Ann Arbor, Michigan 48104; Frederick H. Wagman, Director

Michigan State University Library, East Lansing, Michigan 48823; Richard Chapin, Librarian

University of Minnesota Libraries, Minneapolis, Minnesota 55455; Edward B. Stanford, Director

University of Missouri Library, Columbia, Missouri 65202; Ralph H. Parker, Librarian

National Agricultural Library, Washington, D.C. 20250; John Sherrod, Director

National Library of Medicine, Bethesda, Maryland 20203; Martin M. Cummings, Director

University of Nebraska Libraries, Lincoln, Nebraska 68508; Frank A. Lundy, Director

New York Public Library, New York, N.Y. 10018; Edward G. Freehafer, Director

New York State Library, Albany, New York 12224; John A. Humphry, Librarian

New York University Libraries, New York, N.Y. 10003; Charles F. Gosnell, Director

University of North Carolina Libraries, Chapel Hill, North Carolina 27515; Jerrold Orne, Director

Northwestern University Libraries, Evanston, Illinois 60210; Thomas R. Buckman, Librarian

University of Notre Dame Libraries, South Bend, Indiana 46556; Rev. James W. Simonson, Director

Ohio State University Libraries, Columbus, Ohio 43210; Lewis C. Branscomb, Director

University of Oklahoma Library, Norman, Oklahoma 73069; Arthur M. McAnally, Librarian

Oklahoma State University Library, Stillwater, Oklahoma 74075; Roscoe Rouse, Librarian

University of Oregon Library, Eugene, Oregon 97403; Carl W. Hintz, Librarian

University of Pennsylvania Libraries, Philadelphia, Pennsylvania 19104; Warren J. Haas, Director

Pennsylvania State University Library, University Park, Pennsylvania 16802; W. Carl Jackson, Director

University of Pittsburgh Library, Pittsburgh, Pennsylvania 15213; C. Walter Stone, Director

Princeton University Library, Princeton, New Jersey 08540; William S. Dix, Librarian

Purdue University Library, Lafayette, Indiana 47907; John H. Moriarty, Director

University of Rochester Libraries, Rochester, New York 14627; George R. Parks, Chief Adm. Officer

Rutgers University Library, New Brunswick, New Jersey 08901; Roy L. Kidman, Director

St. Louis University Library, St. Louis, Missouri 63108; Eugene P. Kennedy, Director

University of Southern California Library, Los Angeles, California 90007; Lewis F. Stieg, Librarian

Southern Illinois University Library, Carbondale, Illinois 62901; Ralph E. McCoy, Director

Stanford University Libraries, Stanford, California 94305; David C. Weber, Acting Director

State University of New York at Buffalo, Lockwood Library, Library Circle, Buffalo, New York 14214; Miles Slatin, Director

Syracuse University Library, Syracuse, New York 13210; Warren N. Boes, Director

Temple University Library, Philadelphia, Pennsylvania 19122; Arthur Hamlin, Director
University of Tennessee Libraries, Knoxville, Tennessee 37916; William H. Jesse, Director
University of Texas Libraries, Austin, Texas 78712; Fred Folmer, Librarian
Texas A&M University Library, College Station, Texas 77843; James P. Dyke, Director
University of Toronto Libraries, Toronto, Ontario, Canada; Robert H. Blackburn, Chief Librarian
Tulane University Library, New Orleans, Louisiana 70118; John H. Gribbin, Director
University of Utah Library, Salt Lake City, Utah 84112; Ralph D. Thomson, Librarian
University of Virginia Libraries, Charlottesville, Virginia 22903; Ray Frantz, Librarian
University of Washington Library, Seattle, Washington 98105; Marion A. Milczewski, Director
Washington State University Library, Pullman, Washington 99163; G. Donald Smith, Director
Washington University Libraries, St. Louis, Missouri 63130; Andrew J. Eaton, Director
Wayne State University Library, Detroit, Michigan 48202; G. Flint Purdy, Librarian
University of Wisconsin Libararies, Madison, Wisconsin 53706; Louis Kaplan, Director
Yale University Libraries, New Haven, Connecticut 06520; Rutherford D. Rogers, Director

Dr. McCARTHY. Mr. Chairman, the Association of Research Libraries, many of whose member libraries include medical libraries as components, appreciates this opportunity to express its endorsement and support of S. 2549, the Medical Library and Health Communications Assistance Amendments of 1969.

We believe that an extension of the Medical Library Assistance Act for 5 years with authorized appropriations of $41 million per year is desirable for the reasons given by the previous speakers.

In representing the Association of Research Libraries, I speak from the point of view of a university library director. I am not a medical librarian and will not attempt to deal with the technical aspects of the bill.

The Medical Library Assistance Act has proved beneficial to medical libraries over the past 4 years. By improving and strengthening these libraries the act has assisted faculty, students, and practicing physicians to keep more fully informed on research findings and new developments in the field of medicine and allied subjects. Ultimately, this has meant better health care for the American people.

But despite its contribution to this goal, a fair appraisal would be that the act has fallen far short of its objectives. It has fallen short by 56 percent. The reason is made clear by the record. Appropriations have totaled only 44 percent of authorizations. It is this funding record which compels the National Library of Medicine to report 12 construction projects approved but not funded.

Because of this funding pattern, which seems likely to continue, and because the needs in the next 5 years will be even greater, the increase recommended will be required unless Congress is prepared to settle for a diminishing program. What was adequate in 1966 is not adequate in 1969. It will be even less so in the seventies.

Two specific instances of cost increases that confront medical libraries are the high prices of subscriptions to medical journals and staff salaries. The index of prices for medical journals now stands at 209.8 in relation to the base years 1957–59. (Library Journal, July 1969, p. 2572.)

Librarians salaries, which have never been high, and are not high now, have risen by an estimated 25 to 30 percent in the past 5 years. For librarians with special qualifications, increases are of the order of 50 percent.

Further evidence of the need for the increased authorization provided in this bill is to be found by examining library costs over the past several years. Median library expenditures for the university library members of the Association of Research Libraries increased 67 percent in the 5 years ending with 1968.

The current year will show a further increase. The bill under consideration will become effective in fiscal year 1971. By that time, if the trend of library costs for the past 5 years continues, library costs will be approaching a 100-percent increase over costs as of 1965 when the present Medical Library Assistance Act was adopted. Thus authorization of $41 million will represent little, if any, increase in purchasing power over the present act.

Most of these cost increases will be met by funds supplied from State, local and private sources. Federal assistance will at best be only a small part of the total. This will be true even with the increased authorization provided by S. 2549.

The Association of Research Libraries is also pleased to support the 5-year extension of the act as provided in S. 2549. The reason for a longer term is that it provides a better opportunity for careful planning and sound execution.

A library development program cannot be turned on and off like a faucet. This is wasteful and almost guarantees failure. It is especially true for scientific libraries intended to support advanced study and research. Appropriate plans must be made, competent staff must be recruited and trained and the program of service to users must be developed. All of this takes time. Unless there is reasonable assurance that the program will continue in existence and that there will be an opportunity to implement the plans and services developed, it will be difficult to attract and hold well-qualified medical librarians.

The Medical Library Assistance Act of 1965 represents a comprehensive effort to improve medical libraries. To do this, the act provided for seven separate programs with appropriations authorized for each program.

The bill passed by the House some weeks ago, and S. 2549, provide for combining two of the programs, thus reducing the number to six, while retaining separate authorizations for each of the six programs.

Another bill, S. 2239, and the testimony presented by the Acting Assistant Secretary for Health before the House Committee recommend an extension of only 1 year. They also recommend that all funding authorizations be combined, and the testimony of the administration this morning has recommended an extension of only 1 year and also that all funding authorizations be combined.

These recommendations are said to be made in the interests of consolidation and efficiency.

Mr. Chairman, in an administration which is publicly on record as assigning a low priority to library books (Statement on the New Administration's Budget for the Department of Health, Education, and Welfare, page 8), and which by——

The CHAIRMAN. Pardon me. Didn't they say libraries and books? Did you say library books?

Dr. MCCARTHY. I said library books.

The CHAIRMAN. I think they said that they gave a low priority to libraries and books. They covered the waterfront. They just weren't for reading.

Dr. McCarthy. Well, you have improved my point. Thank you very much. This naturally makes librarians rather apprehensive about consolidations. We are a little fearful that library programs might be consolidated out of existence in the interests of economy and efficiency.

I submit, Mr. Chairman——

The Chairman. Being of the opposite party, I am not saying that in any strict partisan sense, but if the administration showed the same zeal in deescalating the war that they are showing in deescalating American civilization at home, I would be the first to applaud it.

We have heard much about deescalation, but we have more military personnel in South Vietnam now than we had on the 20th of January. If my remarks sound a little biting, it is because of the difference between what is told to the press and what is going on in this country.

You have $9 billion this year authorized for the Congress for elementary and secondary education—all education, graduate, postgraduate—while the Bureau of the Budget recommends in April only $3.2 billion for that, or 35 percent, or less than 10 percent for education in America for all levels combined, less than 10 percent of what we are spending in South Vietnam. Pardon me, go ahead.

Dr. McCarthy. I agree with you completely.

Mr. Chairman, the Medical Library and Health Communications Assistance amendments is not a bill for medical librarians, nor is it, in its final purpose, a bill for medical libraries.

Instead, it is an integral part of the national effort to provide improved health care by strengthening the information agencies that serve the medical profession. The objective of better medical and health care must be sought along many avenues simultaneously.

Improved medical schools, better hospitals, more doctors, and extensive research are all means to this end. The medical library is one of these avenues. Its contribution is essential if the results of research and experimentation are to be recorded and disseminated to the medical and related professions.

Mr. Chairman, the Association of Research Libraries strongly urges approval of S. 2549. Thank you for this opportunity to present our views.

The Chairman. Thank you a great deal, ladies and gentlemen, I appreciate the assistance you have given us. It shows a high intellectual level that you could condense a whole morning hearing into 1 hour.

Our hearing was unavoidably detained due to the long session we had over the Mine Safety bill, and I want to assure you that any library matter has my sincere interest. I worked as a library assistant in Sam Houston State Teachers College. I worked in the University of Texas Law School Library, and I am an ardent book collector. I have loved books all my life.

You mention libraries and somebody goes to cutting the money in half, plus amending the authorizations to 1 year; I wonder how we are going to improve the health level of the American people by limiting the study of health problems to 1 year.

This goes all over this whole health field. I am chairman of the Health Subcommittee because I think we are behind Western Europe in getting health services to the people. I want to improve it. It is the education of the people having the means to disseminate this information to the people who use it that is basic in improving health education. I thank you for this support.

I have a question here. The minority has asked that they be heard. We have a live quorum call on the floor and I must go, but the minority asked that this question be submitted in hearings before the Education Subcommittee.

The question has been raised relative to the cost of books and library materials rising faster than the cost of living. What is the experience of medical libraries in this regard?

Is the cost of medical library supplies increasing faster than the regular cost of living?

Mrs. FELTER. Senator Yarborough, I cannot quote figures specifically now. I did not bring such figures with me. But I would be glad to submit them later if it is necessary.

The CHAIRMAN. All right.

Mrs. FELTER. However, we who are administering library budgets are certainly aware that the cost of books and periodicals and supplies has indeed increased as have expenses of all types for all of us, and continues to increase.

I believe the latest cost figures for library books and periodical subscriptions is published in the July issue of the Library Journal.

The CHAIRMAN. I direct the staff to obtain the July issue of the Library Journal from the Library of Congress.

Mrs. FELTER. This is an annual report which makes a comparison with the base years 1957–59.

The CHAIRMAN. All right. We may be able to get the information. That will be up to the minority counsel staff to get the information. If not, we will ask you for additional information.

Mrs. FELTER. I will be glad to help.

(The document subsequently furnished follows:)

PERIODICAL PRICE INDEX BY CATEGORIES AND SELECTED YEARS, 1957/59 TO 1968

[Base years 1957–59=100]

	1957–59		1965		1966		1967		1968	
	Average price	Index	Average price	Index	Average price	Index	Average price	Index	Average price	Index
Agriculture	$2.65	100	$3.83	144.5	$4.11	151.2	$4.34	163.8	$4.74	178.9
Business and economics	4.96	100	6.39	128.8	6.89	138.9	7.09	142.9	7.45	150.2
Chemistry and physics	10.04	100	18.42	183.5	19.73	196.5	22.35	222.6	24.26	241.6
Children's periodicals	1.99	100	2.61	131.2	2.71	136.2	2.48	124.6	2.68	134.7
Education	3.99	100	5.14	128.8	5.58	139.8	5.97	149.6	6.26	156.9
Engineering	5.40	100	7.70	142.6	8.19	151.7	9.04	167.4	10.02	185.6
Fine and applied arts	4.52	100	5.92	131.0	6.25	138.3	6.52	144.2	6.61	146.2
General interest publication	4.91	100	6.19	126.1	6.43	131.0	6.78	138.1	7.24	147.5
History	4.42	100	5.30	119.9	5.53	125.1	5.74	129.9	6.03	136.4
Home economics	4.07	100	5.37	131.9	5.67	139.3	6.05	148.6	6.48	159.2
Industrial arts	4.17	100	6.56	157.3	6.60	158.8	6.65	159.5	6.86	164.5
Journalism and communications	3.90	100	5.32	136.4	5.41	138.7	5.55	142.3	5.63	144.4
Labor and industrial relations	2.11	100	2.66	126.1	2.75	130.3	2.85	135.1	3.04	144.1
Law	5.35	100	7.49	140.0	7.68	143.6	8.00	149.5	8.77	163.9
Library science	3.55	100	5.15	145.1	5.51	155.2	5.64	158.9	6.26	176.3
Literature and languages	3.77	100	4.65	123.3	4.78	126.8	50.8	134.7	5.30	140.6
Mathematics, botany, geology, and general science	6.27	100	10.96	174.8	12.29	196.0	13.75	219.3	15.42	245.9
Medicine	9.90	100	14.02	141.6	15.53	156.8	17.97	181.5	19.42	196.2
Philosophy and religion	3.78	100	4.64	122.8	4.76	125.9	5.01	132.5	5.30	140.2
Physical education and recreation	3.23	100	4.26	131.9	4.32	133.7	4.69	145.2	4.81	148.9
Political science	4.21	100	5.57	132.3	5.84	138.7	5.86	139.2	6.14	145.8
Psychology	8.66	100	11.85	136.8	12.67	146.3	13.82	159.6	14.33	165.5
Sociology and anthropology	4.08	100	5.26	128.9	5.48	134.3	5.86	143.6	6.09	149.3
Zoology	8.04	100	10.31	128.2	10.96	136.3	12.53	155.8	13.49	167.8
Total	4.92	100	6.95	141.3	7.44	151.2	8.02	163.0	8.65	175.8

Note: Compiled by J. W. Barry, H. W. Tuttle, and A. Zebker, Library Materials Price Index Committee, RTSD Acquisitions Section. American Library Association. The 1963 data can be found in Library Journal, Oct. 1, 1963. Data for 1964 to 1968 are in each July issue of Library Journal.

Reproduced from the Bowker Annual of Library and Book Trade Information 1969. New York, R. R. Bowker, 1969. (The Bowker Annual is sponsored by the Council of National Library Associations.)

INDEX OF PRICES OF TRADE-TECHNICAL BOOKS, BY CATEGORY, 1957–59 AND 1965 THROUGH 1968

[Base years 1957–59=100]

Category	1957–59		1964		1965		1966		1967		1968			
	Average price	Index	Average price	Index	Average price	Index	Average price	Index	Average price	Index	Total number books	Total price	Average price	Index
Total	$5.29	100.0	$6.93	131.0	$7.65	144.5	$7.94	150.0	$7.99	151.0	17,714	$150,037.74	$8.47	160.1
Agriculture	6.01	100.0	7.69	128.0	8.04	133.9	8.37	139.2	8.50	141.4	195	1,994.54	10.23	170.2
Art	10.89	100.0	10.68	98.1	10.60	97.3	10.73	135.4	12.32	113.1	900	10,801.47	12.00	110.2
Biography [1]	5.42	100.0	6.65	132.5	7.65	152.6	7.57	150.9	8.52	169.7	977	8,820.23	9.03	179.9
Business	7.21	100.0	9.74	135.1	9.68	134.5	9.47	131.2	9.77	135.5	581	5,811.92	10.00	138.7
Children's books	2.63	100.0	3.06	116.3	3.11	118.2	3.46	131.6	3.41	129.7	2,299	7,982.71	3.47	131.9
Economics	6.24	100.0	7.63	122.3	8.43	135.0	9.08	145.5	8.65	138.6	875	8,473.21	9.68	155.1
Education	4.78	100.0	5.50	115.0	5.79	121.2	5.61	117.4	5.61	117.4	703	4,369.98	6.22	130.1
History	6.25	100.0	7.73	123.7	8.83	141.3	8.56	137.0	8.21	131.4	1,217	10,984.99	9.03	144.5
Law	8.86	100.0	9.96	112.4	10.64	120.0	10.95	123.6	12.52	141.3	447	5,718.94	12.79	144.4
Literature, fiction	3.48	100.0	4.14	118.5	4.34	125.0	4.52	130.0	4.80	137.9	1,360	6,705.31	4.93	141.7
Literature, general	3.32	100.0	5.16	155.4	6.90	208.0	6.67	201.0	6.84	206.0	1,464	11,457.35	7.83	235.8
Literature, poetry	3.16	100.0	4.11	130.1	3.92	124.0	4.74	150.0	5.49	173.7	569	3,396.81	5.97	188.9
Literature, drama	3.86	100.0	5.91	153.1	5.47	142.0	6.67	172.0	6.49	168.1	198	1,612.04	8.14	210.9
Medicine	8.20	100.0	11.22	136.8	11.88	144.9	12.37	150.8	12.78	155.9	1,049	13,165.23	12.55	153.1
Music	5.95	100.0	6.98	117.3	8.04	135.2	8.15	137.0	8.69	146.1	211	1,825.43	8.65	145.4
Religion	3.73	100.0	4.63	124.1	6.72	180.2	5.38	144.2	5.66	151.7	1,271	7,655.05	6.02	161.4
Science	8.14	100.0	10.99	135.0	12.13	149.0	11.72	144.0	12.15	149.3	1,963	23,363.02	11.90	146.2
Sports	4.68	100.0	6.13	131.0	6.58	140.8	6.28	134.0	7.25	154.9	462	3,323.52	7.19	153.6
Technology	8.33	100.0	11.12	132.3	12.30	147.7	12.51	150.5	12.86	154.4	973	12,575.99	12.93	155.2

[1] This figure includes biographies placed in other classes by the Library of Congress.

The above index of prices is based on the tabulation of the books recorded in the weekly record section of the Publishers' Weekly for the years indicated. Not included are paperback books, government documents, encyclopedias. Also not included are the following subject categories: General works, home economics, language, philosophy and psychology, sociology, travel.

The base period used is 1957–59.

Reproduced from The Bowker Annual of Library and Book Trade Information, 1969. New York, R. R. Bowker Co., 1969. (The Bowker Annual is sponsored by the Council of National Library Associations.)

The CHAIRMAN. I have a question.

Does this bill that I have introduced meet the total need for the library program insofar as commitment of Federal contributions is concerned? Is that bill generous enough or is it—you know, my bill is not just all out, everything anybody asks. You know, we have to consider practicability.

I know you are for it, but does it go far enough?

Mrs. FELTER. Well, it certainly is a very good step in the right direction. Dr. Marston pointed out the needs in construction, and I certainly agree with his statement that while $100 million is needed, $20 million a year toward it is making progress with somewhat small strides——

The CHAIRMAN. That $100 million you mentioned, is that for the current year?

Mrs. FELTER. It was estimated in 1965 that approximately $100 million was needed at that time to bring physical plants up to a standard that would enable libraries to render good service.

At that time it was figured on the basis of $40 a square foot as the cost of construction for a medical library.

The CHAIRMAN. Is the administration bill, you think, responsive to these needs? Do you think the administration bill that they offer is responsive to the needs that you have outlined?

I will also ask Dr. Cooper that. Do you think this is responsive? Do you think the administration bill for 1 year, and its more limited funding, responds to the real needs of the country in this regard?

Dr. COOPER. No, sir, Senator. We testified in the House hearings that we did not think that the 1 year was adequate, and we are strongly supporting the 5-year extension, which I think will permit us to do the kind of job that is absolutely necessary, and we also are very much in favor of the increased authorizations which are included in your bill.

We think these begin at least to approach the needs.

The CHAIRMAN. That begins to approach it.

Dr. COOPER. Yes, sir.

The CHAIRMAN. Of course, you know the problem we have is first getting a reasonable authorization, then, after we get it, we are in for a tough fight in the Appropriations Committee. The Labor and Public Welfare Committee is more attuned to the needs of the country, I think, than some majorities on some of the other committees. I am not going to go further into that, but we hope we can get a responsible bill out of this committee.

We have people from both parties here, a good many on this committee, who are very much concerned about this lack of available funds for the accumulation and dissemination of the great medical advances in this country, the amount of medical knowledge that we have not distributed on a health care basis to all the people.

We have a telegram here from Robert W. Gibson, Jr., president of Special Libraries Association:

> Special Libraries Association wishes to express its complete support of your bill, S. 2549, which is the Medical Library Communications Assistance Amendment of 1969. Our many members in medical and health sciences libraries look to this continued support to meet their needs for adequate medical library services, facilities and resources.
>
> The original Act supported the creation of the information network which is so vital a part of the medical community. We further endorse your proposed five-year

extension of the original Act as the effects of the continuing increase of medical information and the resulting problems in scientific communication obviate the validity of extensions of this Act on a year-to-year basis.

The CHAIRMAN. I order that printed in the record.

All right. Thank you very much.

I regret, Mrs. Felter and Dr. Dix, that I did not have an opportunity to hear your papers. They will be read, particularly since Dr. Dix obtained some of his library expertise in my home State before he went to Princeton.

We welcome all of you here; I regret that I was called out at a crucial time. I thank you for the way you have presented this.

I must leave at this time because I am under compulsion to go over to the Floor. We are voting on the surtax today. I would like to see some of that surtax passed, some of this $9.5 million, $10 million a year, lifted off the backs of the middle-income, and upper and lower, and the working people, put back into our economy instead of plowing it all into South Vietnam.

Thank you very much.

At this point in the record I order printed all pertinent material submitted for the record.

(The material referred to follows:)

SUPPLEMENTAL STATEMENT OF MRS. JACQUELINE FELTER, PRESIDENT, MEDICAL LIBRARY ASSOCIATION

Regarding the flow of information and its availability to every doctor, we cite the letter from Dr. C. Edwin Martin, Chief of Medicine, Alaska Native Medical Center, Anchorage, Alaska:

> In view of the upcoming hearings on the Medical Library Assistant Act, I should like to share with you some experiences concerning a library which was sponsored in part by Regional Medical Programs. Prior to 1968, very meager library facilities were available to physicians of the State of Alaska. In fact these facilities were non-existent for those who needed them most: those physicians practicing in the more remote areas of Alaska. Even as a physician practicing in a public institution in Anchorage, I found it impossible to satisfactorily keep abreast of advances in medicine. In fact, it was practically impossible to do satisfactory research on difficult clinical problems with which patients presented. In addition, with a lack of adequate resources, it was difficult to function as a consultant for physicians practicing in more remote areas.
>
> Since the establishment of the Alaska Health Sciences Library with the aid of Regional Medical Program Funds, the situation has changed dramatically. Major and important references are now available locally. Thanks to an expert staff headed by Mrs. Ursula Strash, xerox copies of references not available locally can be obtained quickly even by the physicians practicing in the remote areas. In addition, the physicians are kept informed of new procurements by the library and of additional services available to them such as places where in Index Medicus is not available to physicians. It is now possible to hold scientific medical conferences locally since resources material is available.
>
> Judging from the overwhelming response of the physicians and Health Workers to this project, there is no doubt in my mind that the group of persons benefiting most from the establishment of the Alaska Health Sciences Library are the patients—the people of the State of Alaska. Financial support of libraries such as this must continue and be expanded in such a way so that they serve the practicing physicians and therefore the public most effectively.
>
> Sincerely yours,
>
> C. EDWIN MARTIN, M.D.,
> *Chief of Medicine,*
> *Alaska Native Medical Center, Anchorage, Alaska.*

As an example of the outreach of medical library services to doctors in remote areas who need up-to-date information and the importance of this availability to doctors, see the statements made by Dr. James A. Wilson of Ketchikan, Alaska, and Dr. Monte M. Scott of the Platte Valley Medical Group, Kearney, Neb.:

> I am a general urgeon in a small town in Southeastern Alaska. I am the only surgeon in this area and have practiced here with approximately ten other physicians.
>
> Our medical library at our hospital is small and limited and although I subscribe to seven or eight specialty journals, I frequently have need for other library facilities.
>
> The nearest library facilities are the University of Washington in Seattle and the newly created Alaska Health Science Library and Pacific Northwest Regional Health Science Library in Anchorage. On four occasions during the last six months when reviewing a particular subject as part of investigating further the problems that I have here, I wrote these libraries and used their bibliograph service. This has meant the copying of anywhere from three to ten separate articles that when then, quite promplty sent to me for my review and study.
>
> In addition to this, I keep track of three or four other surgical journals by perusing the table of contents which are copied and sent to me through the Anchorage library and indicating the articles that I would like to see.
>
> It is very difficult to keep up with the practice of medicine and surgery when one is out of the training center and this service of the libraries is a tremendous help to me. I would like to urge continuing support of your committee for these programs.
>
> Sincerely yours,
>
> JAMES A. WILSON, M.D., F.A.C.S.

> I practice Internal Medicine in a community of 15,000 in the mid part of Nebraska. My group of internists represents the last similar specialty group available from here to Denver. Although remotely placed, we are called upon to diagnose and treat many complicated cases and I feel that we provide a good service to the people of Central Nebraska. In order to maintain high standards of medical practice, it is necessary for physicians to keep abreast of the current medical literature. Through funds provided by the Medical Librarian Assistants Act in the past, it has been possible for me to obtain full copies of articles from the medical literature from the University of Nebraska, College of Medicine Library. Research assistance has also been provided by the library.
>
> Because of this program, I have been able to improve my diagnostic and therapeutic abilities in a manner that directly benefits my patients. When there are different problems that confront me for which I am unable to find ready answers in my own rather extensive library, I have been able to obtain copies of articles from the Medical Library with enough dispatch to actually benefit the patient who is under therapy.
>
> I sincerely hope that you will see fit to continue this fine program. Particularly in remote areas such as this, we need more and better lines of communications with large medical centers if we are to provide modern medical care for our patients. This is one very valuable way of doing so.
>
> Sincerely,
>
> MONTE M. SCOTT, M.D.

Regarding the availability of information on alcoholism, see the statement made by Dr. Frank Stobart of the St. Louis State Hospital, Missouri:

> My experience as a participant in the Selective Dissemination of Information project here at St. Louis State Hospital has been very positive. As Coordinator on the Alcoholic Treatment Center, I have found the services from S.D.I. to be extremely helpful in keeping me abreast of the latest literature dealing with the many facets of his illness. By having the project, which reviews and provides feedback from numerour professional journals, I am able to keep up to date regarding the

past, present, and future scope of this illness. This provides me with a current source of information which is extremely beneficial in my frequent contacts with the community.

Therefore, I sincerely hope that necessary funds for the continuance of the S.D.I. project will be allocated to enhance the future operation of the very meaningful and worthwhile endeavor.

Sincerely,

FRANK STOBART,
Coordinator, Alcoholism Treatment Center.

[Excerpt From H. Rept. 91-313, 91st Cong., 1st Sess.]

MEDICAL LIBRARY ASSISTANCE ACT OF 1965—BUDGET HISTORY, FISCAL YEAR 1966-70[1]

[Dollars in thousands]

Program	Fiscal year	Appropriation	Total awards	Number of new awards
Construction	1966	0	0	0
	1967	$7,500	0	0
	1968	3,750	9	9
	1969	0	2	2
	1970	0	0	0
Total		11,250	11	11
Training grants and fellowships	1966	824	10	6
	1967	1,000	17	8
	1968	1,000	18	5
	1969	656	17	2
	1970	983	17	0
Tota		4,463	79	21
Special scientific projects	1966	100	1	1
	1967	120	3	2
	1968	100	3	1
	1969	0	3	3
	1970	5	1	0
Total		325	11	7
Research grants and contracts	1966	1,341	32	19
	1967	1,500	43	14
	1968	1,600	60	22
	1969	833	35	9
	1970	590	30	0
Total		5,864	200	64
Resource grants	1966	2,000	3	3
	1967	2,700	258	253
	1968	2,500	373	119
	1969	2,500	390	17
	1970	2,105	390	0
Total		11,805	1,414	392
Regional medical library	1966	0	0	0
	1967	200	1	1
	1968	1,500	3	2
	1969	1,500	8	5
	1970	1,842	8	0
Total		5,042	20	8
Publication grants and contracts	1966	745	10	5
	1967	780	20	8
	1968	800	19	13
	1969	300	10	3
	1970	267	8	0
Total		2,892	67	29

[1] Estimated for fiscal year 1969-70.

AMERICAN DENTAL ASSOCIATION,
Washington, D.C., August 4, 1969.

Hon. RALPH W. YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: I am writing on behalf of the American Dental Association and the American Association of Dental Schools in connection with legislation (S. 2549, H.R. 11702 and S. 2239) to extend the Medical Library Assistance Act.

The overall purpose of the Medical Library Assistance Act is to improve the communication of health information. Such communication is a key to progress in all health care services, including those provided by dentists and dental schools. We will broaden and enrich such services only to the extent that new understanding and new approaches, evolved through research and education, are rapidly communicated to practitioners, administrators, teachers and students in the health field.

In 1965, when the Medical Library Assistance Act was first approved, it had become clear that our communications capability was falling far beyond need. New libraries were needed, existing libraries required expansion and improvement, modern techniques for indexing, cataloguing and retrieving information had to be intensively introduced. The shortage of qualified library personnel was becoming critical, and there was full recognition by all experts that a selective system of regional medical libraries was necessary to supplement what was possible for individual schools to do.

Despite the fact that actual funding has been far below the statutory authorization, in barely more than three fiscal years, the Medical Library Assistance Act has enabled us to make good progress. Some $36 million has been appropriated for the various purposes of the Act. With these funds, nearly 400 institutions, including 16 dental schools, have received support leading to improvement and expansion of the basic resources of their libraries. Additional dental schools have been assisted in instances where grants have been made to composite libraries.

In addition, some 67 awards have been made in support of biomedical scientific publications, 200 awards have gone for support for research and development in medical library science, more than 300 trainees have been supported during their education, construction assistance grants have been made to 11 institutions and eight regional medical libraries have been established. Dentistry has participated, in some degree, in many of these projects.

The need for continuing such activities is manifest. This is nowhere more true than in dentistry. The incentives inherent in the Health Manpower Act of 1968 are spurring establishment of ten new dental schools as well as assisting in expansion of existing ones. A disturbingly high proportion of these schools are presently undergoing a financial crisis of such dimensions that the very existence of some is in doubt. Indeed, as you know, two long established dental schools have closed their doors to new students and have begun to phase themselves out of existence: St. Louis University dental school and Loyola (New Orleans) University dental school. Our Associations know of at least six more dental schools that are considering following suit.

The private and public sectors need to work together in giving urgent attention to this crisis. The federal government can most directly assist this essential effort through provisions in the Health Manpower Act of 1968.

The Medical Library Assistance Act, however, has a role of considerable importance to play. The support it offers will enable all dental schools to continue to press forward in their desire to provide the highest quality education for the student and practitioner without being forced to do so unassisted and thus, at the same time, will be better able to devote a necessary share of resources to resolving the financial crisis that has already, as we have noted, forced two schools out of existence.

The appropriateness of federal support in such matters can hardly be overstated with respect to dental schools. Barely half the states have a dental school. The others, with a total population of more than 30 million, must rely wholly on existing schools to maintain their present supply of 13,000 practitioners, much less increase that number.

Given these massive needs, we think it regrettable that, during the past three fiscal years, the Medical Library Assistance Act has never been fully funded. Under the Act's authorizations, as much as $21 million could have been annually allocated. In fact, the average annual appropriation has been about $12 million. Further, the appropriations have declined year by year to the point where only $5.8 million was appropriated for this current fiscal year.

For fiscal 1970, according to the current budget, no improvement is expected. This is, in our opinion, a disappointingly short-sighted view of what must be done.

The continuing gap between what is necessary and what is possible under existing appropriations can be symbolized by noting that, through fiscal 1969, no dental school has, of itself, received any construction grants. Nor has any institution or individual within dentistry received any research grants or contracts, training funds, special project support or publications contracts under the appropriate sections of the Medical Library Assistance Act. Dentistry's need for support of such undertakings can be voluminously documented. Without increases in the appropriations level, however, there is every possibility that many of these needs will continue to be neglected.

In view of the need, the American Dental Association and the American Association of Dental Schools believe that the appropriation authorization provided in S. 2549 is more realistic than the level provided in the House-passed bill, H.R. 11702.

The Associations also favor the longer period of extensions provided in S. 2549. Such action would underscore the previously manifested intention of Congress that it recognizes and supports the need for this program. If the administration desires modifications in the program at an earlier time, it is perfectly free to submit recommendations to Congress.

Our Associations are grateful to have this opportunity to emphasize our unequivocal support for S. 2549. It is respectfully requested that this letter be made an official part of the hearing record.

Sincerely yours,

I. LAWRENCE KERR, D.D.S.,
Chairman, Council on Legislation.

AMERICAN HOSPITAL ASSOCIATION,
Washington, D.C., July 31, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Senate Labor and Public Welfare Committee,
Washington, D.C.

DEAR MR. CHAIRMAN: The American Hospital Association fully supports renewal of the Medical Library Assistance Act for five years as proposed in your bill, S. 2549.

When your committee was considering the Medical Library Assistance legislation in 1965, the AHA, in urging enactment of the bill, pointed to the vast unmet need for dissemination of information in the health agencies. This need, which arises from many sources, has continued to grow. Rapid advancements in health research have out-paced existing means of communication and we urgently need to step up the dissemination of scientific knowledge for its application in medical practice. Our health research programs themselves call also for accelerating the growth of medical library facilities, materials and services. Expanded and improved library and communications facilities and services are likewise essential to the success of educational programs for training physicians, dentists, public health workers, nurses, hospital administrators and other health personnel.

The American Hospital Association is particularly pleased to note that your bill contains an amendment to permit resources grants under the law to assist in the establishment of new collections since many hospitals have inquired about help for starting new libraries. We are also gratified that the bill deletes the limitations on award levels (Section 397) which have tended to perpetuate poor and underfinanced hospital medical libraries through grant ceilings related to the library's annual operating expenses.

1. Many hospital libraries are evolving into health science libraries which are to be tied into regional and national networks utilizing new technologies to facilitate access to the body of documented medical knowledge. To encompass the broad scope of such programs, we would like to see the title of the Act changed to "The Health Science Library and Health Communications Assistance Act." Appropriate language changes could be made throughout the Act to reflect this change of title.

2. There are at the present time 26 university programs providing masters degrees in hospital administration and we believe Section 391 (1) of the law should be amended by inserting the words "hospitals administration" after the words "public health" to specifically bring the libraries of such universities within the purview of the Act.

3. Extension of the authority of the Secretary of Health, Education and Welfare, with advice of the Board of Regents of the National Library of Medicine to establish branches of the National Library of Medicine in areas where there is no medical library that can feasibly be developed into an adequate regional medical library should, we feel, be coupled with the addition of language in Section 378 (a) to spell out clearly that such branches may be located in existing hospitals and health centers.

In view of the magnitude of our health information problems, we are indeed hopeful that the Congress will move promptly to enact your bill which provides a five year extension of the ongoing programs of assistance to medical libraries and increases the funding authorizations.

The American Hospital Association appreciates the opportunity of expressing its views on this proposed legislation and requests this statement be made a part of the record of hearings on the bill.

Sincerely,

KENNETH WILLIAMSON,
Deputy Director.

AMERICAN MEDICAL ASSOCIATION,
Chicago, Ill., August 4, 1969.

Hon. RALPH W. YARBOROUGH,
Chairman, Subcommittee on Health, Committee on Labor and Public Welfare, U.S. Senate, New Senate Office Building, Washington, D.C.

DEAR SENATOR YARBOROUGH: It is our understanding that your Subcommittee is now considering S. 2549 and H.R. 11223 which would extend the present Medical Library Assistance Act. We wish to offer to you the support of Medicine in the extension of this important program.

In 1965, when we supported the original Medical Library Assistance Act of 1965 before this Subcommittee on Health of the Labor and Public Welfare Committee, we stressed the importance of medical libraries at all levels of education of health personnel. Since that date, there has been an unprecedented expansion of medical schools, hospital training programs, and schools for allied health professions. This expansion is in response to rapidly growing demands for increased health manpower and for more effective dissemination of the scientific knowledge which has been accumulating at an ever-quickening pace.

Although appropriations in support of the Medical Library Assistance Act have been available since only fiscal year 1966, the National Library of Medicine has made remarkable progress in its efforts to bring the Nation's medical library resources up to desirable levels. Through judicious use of the authority granted it by Congress, the National Library of Medicine has fostered the construction of new library facilities, provided training grants and fellowships in medical library science, established eight regional libraries, and integrated all these activities with a well-balanced series of scientific projects and research grants.

It may be helpful to list some examples of the specific results of these efforts. In six medical schools alone, new capacity for volumes has been increased from 475,000 to 988,000. To make more effective use of the expanded library facilities, 220 medical librarians and 80 biomedical communications specialists have been trained. Through its research and development efforts, the National Library of Medicine has advanced library systems in technology and has pioneered in the applications of computers to greatly increase the accessibility of published scientific material. We cannot exaggerate the importance to the health professions and the public they serve of these and many other beneficial services supported through the Medical Library Assistance Act.

There can be no question about the continuing and increasing need for medical library assistance in the years to come. In 1965, there were 87 medical schools; by the academic year 1967–1968, the number had increased to 94, with a total medical library budget of $17,963,980. Of particular interest is the fact that budgets for medical school libraries ranged from a low of $27,120 to a high of over $1 million and from a low of 6,500 volumes (in a developing institution) to a high of 434,000, indicating a continued need for strengthening many of the libraries which are still well below desirable levels. Furthermore, there are at least 16 new medical schools in development, and it is estimated that in the ten years following the passage of the Medical Library Assistance Act, medical school enrollment will increase by one-third.

In the November 25, 1968 issue of the *Journal of the American Medical Association*, it was noted that the medical library was the last of the medical schools'

functions to be supported specifically by the Federal government. Concerning the Medical Library Assistance Act, the article states (page 1997):

> The Act is not restricted to medical school libraries, although most of the major medical libraries in the United States are of that type. The resource grants have been widely called on to strengthen hospital libraries as well as medical school libraries, but the amount available, particularly to the smaller libraries, has not been substantial. The resource grants are for a five year period, the maximum amount of the grant representing a decreasing proportion of the library's operating budget. The law specifies that the maximum amount of the grant must not exceed 60% of the library operating budget . . . The grants to medical school libraries for the first year averaged about $18,000; those to hospital libraries averaged about $5,000.

We favor, therefore, the more substantial appropriations called for in S. 2549.

We would urge that your Subcommittee give favorable consideration to the extension of the Medical Library Assistance Act and that Congress continue this important program.

Sincerely,

ERNEST B. HOWARD, M.D.

AMERICAN NURSES' ASSOCIATION, INC.
New York, N.Y., August 1, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: The American Nurses' Association endorses S. 2549 which will extend the program of assistance to medical libraries and related facilities for five years. We believe this has been a significant piece of legislation and that it should be continued. We favor your provision for a five year extension rather than the three years approved by the House of Representatives.

When the law was enacted in 1965, the ANA requested that "nursing school libraries" be included in the language of the bill. Although the wording was not inserted, we were assured that the language of the Act would be broad enough to cover all health sciences libraries. It is noted that this intent, in most cases, is being carried out.

During these three years a small number of nursing libraries [8 in academic institutions and 7 in hospital schools] have been awarded grants to develop and improve their libraries. We regret that it is not a larger number.

We believe that sharing of facilities and literature by all disciplines engaged in the health field is desirable. There are 1,262 schools of nursing that could benefit from the awards made under this Act. About two-thirds of the schools of nursing maintain separate educational facilities so that the need for continuing financial support is vitally necessary. Although some progress has been made, despite the fact that appropriations were less than fifty percent of the funds authorized, it is hoped that future appropriations will be more adequate. We note that S. 2549 proposes increases in the authorization ceiling of several of the programs under the Act and commend and support your proposals for funding.

The rapid advances in biomedical science increases the need for continual collection of scientific information and the use of modern technology for easy retrieval and dissemination of the materials. Expanded health sciences library services are required to meet these needs and to provide high quality educational facilities, which in turn, will result in high quality patient care.

The American Nurses' Association favors the extension of the Medical Library Assistance Act as proposed in S. 2549 and requests that this statement of support be made a part of the record.

Sincerely yours,

Mrs. JUDITH G. WHITAKER,
Executive Director.

The CHAIRMAN. This concludes the hearing. I wish to take this opportunity to thank all the witnesses for their cooperation and the fine testimony we have heard.

(Whereupon, at 12:15 p.m., the subcommittee adjourned, to reconvene at the call of the Chair.)

APPENDIX A

LETTERS FROM MEMBERS OF THE MEDICAL LIBRARY ASSOCIATION, BY STATE, TO SENATOR RALPH W. YARBOROUGH, CHAIRMAN, SENATE LABOR AND PUBLIC WELFARE COMMITTEE

THE UNIVERSITY OF CONNECTICUT,
HEALTH CENTER,
LYMAN MAYNARD STOWE LIBRARY,
Hartford, Conn., July 30, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: The Medical Library Association asked its members, appropriate administrators of their institutions, and users of health sciences libraries to send letters to you in care of its Federal Relations Committee, to be used as testimony in support of extension of the Medical Library Assistance Act when hearings were scheduled. The Medical Library Association stressed that the letters should give concrete evidence of direct benefits of the act to their libraries, users, and institutions.

I take great pleasure in forwarding these letters on to you now, since the hearings are imminent.

Sincerely yours,

SAM W. HITT,
Chairman, Federal Relations Committee,
Medical Library Association.

Enclosures.

TEXAS

THE UNIVERSITY OF TEXAS MEDICAL BRANCH,
Galveston, Tex., March 19, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: I write to add my voice to those who would renew and, in fact, expand the Medical Library Assistance Act during the present congressional year. The University of Texas Medical Branch has benefited and will continue to benefit either directly or indirectly from all seven parts of the present Medical Library Assistance Act.

The single most direct benefit derived from this piece of legislation by the Medical Branch has been a grant of $1,598,406.00 for the construction of a new biomedical library facility. The present 9,000 sq. ft. library facility is totally inadequate for the appropriate storage and use of the 100,000 volume collection. The new facility will not only allow for expanded services, but for a rapid increase in the growth of the collection. Since the University has recently expressed its sincere interest in the development of "man in the sea" and marine biomedical problems and programs, this expanded collection facility and, indeed, expanded facilities for library users are much in demand.

The training portion of the present Medical Library Assistance Act has also been of direct benefit to the Medical Branch Library in that one of the individuals trained in Biomedical Computer Librarianship under this Act has been hired by the Medical Branch as its Library Systems Analyst. The paucity of such highly skilled individuals forces many biomedical libraries to forego opportunities to expand their services to the library public. Assuming additional funds, regardless of source, the Medical Branch hopes to make some real progress in the development of an integrated on-line computer based library system.

The resource grants, which this library has received over the course of the past three years, have been used to stimulate two kinds of growth and support at the Medical Branch. Prior to the availability of these resource funds the Medical Branch Library budget was sufficient to provide adequate biomedical serial resources, but quite insufficient to provide funds necessary to develop a good monograph collection. Using the resource funds as seed money it was proven to the faculty, staff, student body and most importantly, the administration that the acquisition of current biomedical monographs was indeed highly valuable to the goals and purposes of the Medical Branch itself. Consequently, subsequent library resource budgets from local funds have increased to reflect this new attitude toward monographic materials.

The second area in which growth has been stimulated by the resource grant is that of our local Medical Branch Bookbindery. A substantial portion of the first year funds was used to purchase an over-sewing machine which in effect has doubled the capacity of the Bookbindery and, thus, contributed significantly to the preservation of the Medical Branch journal collection. It is hoped that the Bookbindery capacity will continue to expand to the point where most of the binding demands of The University of Texas Medical Branch at Galveston can be met by this facility.

This area of the nation has not yet felt the benefits to be derived from a Regional Medical Library, though an application for the support of one has indeed been forwarded to the appropriate reviewing authorities. However, in those areas in which the services provided by a Regional Medical Library have been felt, my colleagues assure me of the worth of this program. They are also nearly unanimous in their feelings that the funding at the present time is not sufficient to provide the services required by the health professionals of our communities.

The present Medical Library Assistance Act has been a boon to every institution that took advantage of the resources made available thereby. For the most part, I believe that the activities and services funded have been those which should actually have been funded at a local level, but which for one reason or another

33-703—69——6

were not locally provided. If the experience of the Medical Branch is any measure, local administrations are beginning to realize that additional funds must be provided to their biomedical libraries. All the problems have not been solved nor have all administrations been convinced of the need of additional resources.

For those institutions which have met their most pressing demands with the Medical Library Assistance Act funds, there are other demands which must be met. I am familiar with several institutions that would like to become involved in the systems evaluation of their own biomedical libraries with a view to using computer processing much more efficiently. The Medical Branch, for one, feels that on-line library computer systems, though expensive now, are indeed the inexpensive tools of the future. With this in mind, we are hopeful that the Medical Library Assistance Act will be renewed and, indeed, expanded to provide funds for the development of individual sections of our integrated library computer system.

There are a great many other medical libraries which have pressing construction needs and I would hope and urge you to take appropriate action to see that as many of these needs as possible are met. As indicated above, there are far too few well trained specialized biomedical librarians to be found by library administrators. Thus, the training project must be perpetuated whenever possible. I view it as an altogether appropriate function of the federal government to fund these training programs.

In short, I support the renewal and expansion of the Medical Library Assistance Act with considerably more attention directed to those applications for funds which make use of the new technologies. I thank you for your consideration of my opinion.

Very truly yours,

C. LEE JONES,
Director, Medical Branch Library.

SCOTT AND WHITE MEMORIAL HOSPITAL,
AND SCOTT, SHERWOOD AND BRINDLEY FOUNDATION,
Temple, Tex., March 26, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: We have been reviewing the Medical Library Assistance Act and the importance of its renewal.

From an institutional standpoint, we would like to add our approval of such legislation. There are several aspects of the problem in which we would certainly be in favor, from both our institutional standpoint and a regional medical library.

At this time, this institution has a three-phase building program underway. Library expansion is not included at the moment, but it will be in our next development program.

We have been a charter member of the Texas Council of Health Science Libraries for several years, where our efforts were expended towards the establishment of a regional medical library, which is needed for all health science personnel in Texas and neighboring states.

We feel that the Medical Library Assistance Act is a vital piece of legislation. Resource section of this legislation will be an important source of funds for our institution in the future, when more space is available, since we are expanding rapidly in subject specialties.

We certainly would also give support to the other items, i.e., training, special scientific projects, research and development in medical library science and related fields, and support of biomedical publications.

We shall appreciate your interest and active support of this legislation.

Sincerely yours,

R. D. HAINES, M.D., *President.*

TEXAS
MARCH 25, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senator,
Washington, D.C.

DEAR SENATOR YARBOROUGH: As a medical librarian of some twenty years standing, I would like to urge your continued support of the Medical Library Assistance Act which will be shortly presented to the Congress for renewal legislation.

This Act has for the first time in my experience provided the means for the libraries in the medical schools to participate aggressively in the educational pro-

grams, and to explore new ideas and means of serving their clienteles. The President's Commission on Heart, Cancer and Stroke reported that our health science libraries were inadequately supported and in a state of disrepair. The Act has begun to make remarkable contributions to remedying these deficiencies, by providing support for health science library construction and for books and journals for library collections.

The National Library of Medicine has provided imaginative stimulus and leadership toward the development of health science libraries into a truly coordinated national network to effectively serve the health practitioners of our nation. The MEOLARS system of automated information storage and retrieval has placed the health profession in the forefront of the new information technology. The Medical Library Assistance Act has begun to extend these technologies into the various regions of our nation. These programs must not only be maintained but must be strengthened so that the most remote health practitioners in our country can have access to the same level of information services as his colleagues in the populous urban centers.

I am sure I speak for all my friends in the health science libraries in our state, in asking your help to insure continued and expanded support for the Medical Library Assistance Act.

Sincerely yours,

DAVID A. KRONICK, *Librarian.*

UNIVERSITY OF TEXAS MEDICAL SCHOOL,
San Antonio, Tex., March 25, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senator,
Washington, D.C.

DEAR SENATOR YARBOROUGH: As members of the Faculty of a Medical School we are deeply concerned with the translation of the medical advances of the past decades into higher levels of medical care. An important part of this process is the transmission of the medical information in which these advances are embodied to all health practitioners, educators and research personnel. The health science libraries of our nation were not in a very strong position to participate actively in this effort until Congress passed the Medical Library Assistance Act which I understand will shortly be up for renewal legislation before the Congress.

This Act has enabled the libraries in the health profession to participate more aggressively and actively in the process of information dissemination than they ever have before. The Act has permitted these libraries, under the imaginative leadership of our National Library of Medicine, to explore some of the new technologies in information dissemination, to supplement their often meagre resources by enabling them to procure necessary books and journals, and to develop new programs for services to their clienteles.

The Act has also provided the indispensable support of training of personnel to staff these information services, and for the conduct of research into new techniques and methodologies for getting the information into the hands of those who need it. In fact, the Act over the past three years has provided an impetus which has led us well along the path to the establishment of a national network for health information. I earnestly urge your support of the Medical Library Assistance Act to maintain this momentum in our health information services.

Sincerely yours,

F. C. PANNILL, M.D., *Dean.*

TEMPLE, TEX., *March 20, 1969.*

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: All Medical librarians are most interested in the renewal legislation of the Medical Library Assistance Act!

The Texas medical librarians with neighboring states are especially interested in renewal of the resource grant because our regional medical library application is now pending. We have already put a great deal of work into planning and we have great hopes that this regional library should make available vital information to all health science professions in our area.

We hope that you will do all in your power to pass legislation to extend the Medical Library Assistance Act and to make money available for its realization.

Yours very truly,

ELIZABETH F. ADKINS, *Librarian.*

AUSTIN STATE HOSPITAL MEDICAL LIBRARY,
Austin, Tex., April 14, 1969.

Senator RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

DEAR SIR: In May of 1967 we applied for a resource grant under the provisions of the Medical Library Assistance Act of 1965, P.L. 89–291, Sec. 2, 79 Stat. 1063 (1965). Text at 8149C. (Amends PHS Act P.L. 410 78th Congress) to the U.S. Department of Health, Education and Welfare. We were thankful to receive $4,100 for the purpose of expanding services of our library to be expended in the period beginning June 1, 1968, ending May 31, 1969.

With this money, additional to regular hospital funds, we were able to:

1. Hire a part-time University student who has prepared 363 volumes of periodicals for binding. Inventory the periodical collection consisting of 2,153 bound, 13,247 single unbound issues. She has been able to fill-in for regular personnel during holidays, vacation, etc. She will soon be engaged in shifting periodicals to empty shelving, making way for receipt of subsequent issues. She has contributed services, which otherwise may have been only partially fulfilled and at the same time she received financial aid toward her education.

2. Purchase two typewriters, replacing two very old ones. Two fine tape recorders, one movie projector, one 2x2 slide projector all in use for education in the hospital.

3. Purchase to date has been made on 106 books at a cost of $795.49 against the grant allowance of $911.00. We have over two months in which to take up the balance. Fifteen titles of periodicals valued at $222.70 have been ordered.

The library is available for service to 1,800 or more people. We believe our collection in mental health materials is among the best in this area. We are indebted to the U.S. Department of Health Education and Welfare, National Library of Medicine, the Medical Library Association, and the American Psychiatric Association for their contribution toward improving services in our library.

Monetarily, the U.S. Department of Health Education and Welfare is alone in its direct contribution to our library.

We believe the information we are able to furnish is no small contribution toward treatment and cure of our mentally ill. As Osler once said "money invested in a library gives much better returns than mining stock."

Speaking for all librarians interested in helping those who need information, and who should have help with their budgets to accomplish this goal, I respectfully request that you consider renewal of and increase of funds for these purposes.

Sincerely,

Mrs. EDITH MAPES,
Medical Librarian.

COLORADO

STATE OF COLORADO,
DEPARTMENT OF INSTITUTIONS,
Denver, Colo., April 10, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senator,
Washington, D.C.

DEAR SENATOR YARBOROUGH: It has come to our attention that the Medical Library Assistance Act renewal legislation will be coming before Congress very soon. We have also heard that in certain quarters, there is some feeling that this Act should not be renewed. I am writing to you in order to let you know that we feel that this particular statute has been of great value to our institutions in Colorado. While the total amount Colorado has received under this Act is relatively small, perhaps on the order of $20,000 for the past two years in total, it has made a remarkable difference in the quality of our medical library resources.

As you are no doubt aware, many of the states have had severe pressures placed on their funding in the last few years and, consequently, many institutions have been operating on stringent budgetary requirements. Since the medical library is always something that "can wait," it becomes very difficult to maintain the quality of our materials and to retain able staff.

We in Colorado would like to urge your favorable consideration of this renewal legislation.

Sincerely yours,

HARL H. YOUNG, PH.D.,
Chief psychological consultant.

ST. ANTHONY HOSPITAL,
MEMORIAL MEDICAL LIBRARY,
Denver, Colo., March 25, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare, Subcommittee on Health, U.S. Senate.

DEAR SENATOR YARBOROUGH: St. Anthony Hospital is one of the hundreds of small medical libraries at hospitals throughout the United States which is indebted to the Federal Government for its support through the Medical Library Resources Grant. The entire grant for the fiscal 1967 and 1968 was spent on updating our holdings of current books and periodicals in the field of medicine. We used these funds to buy materials which were beyond the scope of our regular budget. As a result, we have increased our circulation significantly, enlisted the support of the entire staff in improving our holdings in the form of gifts and an additional staff assessment, and become a true hospital reference center.

However, keeping our library current is a costly yet necessary expense. With medical material proliferating at an ever increasing rate we see ourselves as a core reference library supplementing our holdings with the resources of other area libraries. However this objective is not attainable without photocopy equipment, travel budget, or increased staff time. At present the entire hospital is serviced by one Xerox machine and the library is low on the list of priority for its use. Yet if we cannot photocopy the materials we borrow, service to our patrons is greatly limited. Often material is needed immediately from neighboring libraries and this need is met only by leaving the library unmanned. In the past much of the expense, not to mention the inconvenience, has been borne by the librarian but as our needs increase we must find other solutions. Finally, because of the improvements in our library we have been able to enlist the services of a trained medical librarian. We have had to increase our budget significantly to make this possible. Yet we feel that the quality and quantity of service will more than justify the expense. Under these circumstances, we do not feel it is economically feasible for her to serve as a messanger girl or clerk but for the present we have no choice as our budget has been taxed to its limit.

For these reasons, and many more we implore you to continue your assistance through the library Resources Grant. Indeed, if at all possible, an increase in your support would go a long way towards helping us to realize our goals and thus insuring our patients the very latest techniques and best of medical care.

Sincerely,

SISTER M. EILEEN, *Administrator.*

STATE OF COLORADO,
FORT LOGAN MENTAL HEALTH CENTER,
Denver, Colo., April 22, 1969.

HON. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SIR: The Medical Library of Fort Logan Mental Health Center plays an important supportive role in the ever-growing educational programs of the Center. These programs require abundant information resources, well organized and readily available.

The Library facilities have been strained at times to meet the demands placed upon it by the Center's training programs, but the Medical Library Resource Grant aided materially in meeting resource and service requests.

Grant Funds have provided $3360 for a part-time, trained employee. With the funds we have also purchased $2900 worth of books and journals, allotted $450 to the binding of journals and $472 to essential equipment.

The Medical Library Assistance Act has been of great value in our Center, and I urge your support of renewal of the Act.

Sincerely yours,

JOHN B. AYCRIGG, M.D., *Associate Director.*

STATE OF COLORADO,
FORT LOGAN MENTAL HEALTH CENTER,
Denver, Colo., March 26, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

MY DEAR MR. YARBOROUGH: As testimony to the help derived from the monies we have received from the Medical Library Resource Grants, I would like to give these facts.

The Fort Logan Mental Health Center is a teaching institution as well as a treatment center. Its medical library is geared to the particular needs of the Center and provides many exceptional services in support of the Center's training programs. The Center has always met the standards of the Joint Commission on Accreditation of Hospitals, and adequate library services are essential to accreditation.

On grant funds, to date, $3360 has been allocated to personnel. This addition of a part-time position has been perhaps the most outstanding help in maintaining the quality of service required by a young dynamic institution such as Fort Logan. Grant funds have also added books and journals worth $2893 to our holdings, $450 for permanent binding of journals, and $472 in essential equipment.

The financial help provided by the Medical Library Resource Grant has contributed significantly in meeting demands upon the library in realistic proportion to the ever-growing educational programs of the Center.

Sincerely yours,

MRS. BERNICE N. STONE,
Supervising Librarian.

ST. ANTHONY HOSPITAL,
MEMORIAL MEDICAL LIBRARY,
Denver, Colo., March 25, 1969.

HON. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
Subcommittee on Health.

DEAR SENATOR YARBOROUGH: The monies received by St. Anthony Hospital, Memorial Medical Library through its Library Resources Grant has been used in many tangible ways to update and increase our holdings. However the greatest benefit we have derived is an intangible but perhaps far more important than the

actual materials purchased. Our dividend from your grant has been a renewed interest and awareness of the library to the entire staff of this 550 bed hospital. This concern has been demonstrated by increased patron use, more funding from the administration to continue our present policies, and greater support from the physicians in the form of gifts and an additional annual assessment to help broaden further the scope of the library.

Our goals to be a core medical reference center for our hospital have taken a giant step twoards being realized. Yet there is still much to be done. We continue to improve but keeping current medical information is an expense which it is difficult for the hospital to meet alone. Once the library has been launched on a successful project through grant funds the administration steps in to provide the funds needed to continue. At present we have a critical need for added personnel, special photocopy and other audio-visual equipment and additional book and journal material.

May I prevail upon you to continue the interest you have shown in hospital libraries by continuing the Library Resources Grant.

Very truly yours,

HILDEGARDE WEXLER, *Medical Librarian.*

ST. ANTHONY HOSPITAL,
Denver, Colo., March 25, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SIR: As Medical Education Director I am interested in the dissemination of medical education materials—including books, magazines, journals, etc.—to medical students, interns, residents and staff physicians. It is for this reason that I ask you to give whatever support in your power to funds and appropriations designated for libraries and their mission in gathering and disseminating information.

Your interest and cooperation is appreciated.

Very truly yours,

FRANK O. FRANCO, M.D.,
Medical Education Director.

ALASKA

ANCHORAGE, ALASKA, *April 1, 1969.*

Hon. RALPH YARBOROUGH,
U.S. Senate.

DEAR SIR: I strongly support the maintenance and expansion of the Medical Library Assistance Act which has created the Alaska Health Science Library and the Pacific Northwest Regional Health Science Library.

These libraries have been a great assistance to me as a practitioner of medicine in making available, for the first time, a library resource which is fully staffed. It has helped me to take care of patients since I have been able to easily obtain pertinent literature concerning particular diseases.

This type of federal program is of great assistance to a practicing physician and represents the finest type of federal cooperation in the promotion of health to our citizens.

Sincerely yours,

RODMAN WILSON, M.D., F.A.C.P.

ALASKA NATIVE MEDICAL CENTER,
Anchorage, April 1, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: In view of the upcoming hearings on the Medical Library Assistant Act, I whould like to share with you some experiences concerning a library which was sponsored in part by Regional Medical Programs. Prior to 1968, very meager library facilities were available to physicians of the State of Alaska. In fact these facilitis were non-existent for those who needed them most: those physicians practicing in the more remote areas of Alaska. Even as a physician practicing in public institution in Anchorage, I found it impossible to satisfactorily keep abreast of advances in medicine. In fact, it was practically impossible to do satisfactory research on difficult clinical problems with which patients presented. In addition, with a lack of adequate resources, it was difficult to function as a consultant for physicians practicing in more remote areas.

Since the establishment of the Alaska Health Sciences Library with the aid of Regional Medical Program Funds, the situation as changed dramatically. Major and important references are now available locally. Thanks to an expert staff headed by Mrs. Ursula Strash, xerox copis of references not available locally can be obtained quickly even by the physicians practicing in the remote areas. In addition the physicians are kept informed of new procurements by the library and of additional services available to them such as Table of Contents Service and even Bibliographic searches in such places where the Index Medicus is not available to physicians. It is now possible to hold scientific medical conferences locally since resources material is available.

Judging from the overwhelming response of the physicians and Health Workers to this project, there is no doubt in my mind that the group of persons benefiting most from the establishment of the Alaska Health Sciences Library are the patients—the people of the State of Alaska. Financial support of libraries such as this must continue to be expanded in such a way so that they serve the practicing physicians and therefore the public most effectively.

Sincerely yours,

C. EDWIN MARTIN, M.D.,
Chief of Medicine.

HOMER, ALASKA, *March 31, 1969.*

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

Dear SENATOR YARBOROUGH: I am a general practioner in private practice in a rural area of Alaska. I am writing to urge your support for renewal of the Medical Library Assistance Act.

Practicing medicine in an isolated area is a difficult rask at best but many of the problems have been relieved by the establishment of the Alaska Health-Science Library and the Pacific Northwest Regional Health-Science Library. I am able to draw resource materials from these libraries which I could never afford to purchase nor would I have time to peruse the number of journals necessary to locate the desired material.

The services that the libraries provide me and my patients is invaluable and I would hope that you will give your full support to the continuation and expansion of these facilities.

Thank you very much for your kind attention.

Respectfully yours,

PAUL L. ENEBOE, M.D.

THE DOCTORS' CLINIC,
Anchorage, Alaska, March 27, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate.

DEAR SENATOR YARBOROUGH: I have been asked to comment on t he federally funded library which was established in Anchorage through the auspices of the Regional Medica' Program.

Prior to its opening, acquisition of current medical information was difficult, requiring communication with libraries in Seattle or Portland. This proved inconvenient and therefore was often not done. Since the opening of the library, it has been used extensively and has proven invaluable, greatly expediting my own personal efforts to remain current in my field.

I would urge that the library support be continued.

Sincerely yours,

DONALD R. ROGERS, M.D , *Pathologist.*

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
PUBLIC HEALTH SERVICE,
ALASKA NATIVE MEDICAL CENTER,
Anchorage Alaska, March 26, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SIR: As one of the users of the newly created Alaska Health Science Library and the Pacific Northwest Regional Health Science Library, I would like to express to you the tremendous importance that these two facilities have had since they have become available. Prior to this time it was extremely difficult to keep up on current medical knowledge without considerable expenditure of personal funds and then only partially covering the needed material and without the assistance of a librarian. Since having these facilities available to me, I have been able to follow new material and work on special projects that I could not have accomplished previously.

Since these facilities receive funds through the Medical Library Assistance Act which will be up for renewal probably this spring, I would like to urge your support for continued and increased funding to further support this type of facility.

Sincerely yours,

J. KENNETH FLESHMAN, M.D.,
Chief, Pediatric Service.

ANCHORAGE, ALASKA, *March 31, 1969.*

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: It has been my distinct pleasure to be a user of the newly created Alaska Health Science Library and Pacific Northwest Regional Health Science Library. Situated as we are in a small community far from major metropolitan areas, access to reference material is difficult. This is particularly a problem when one needs specific information pertaining to a specialty. As a practicing ophthalmologist, I have found the library services to be of great help both in research on particular patients and in the continuing of my general education.

I am most hopeful that this service will be a continuing one and wish to assure you that it provides a most important service for the people of Anchorage.

Sincerely yours,

THOMAS J. HARRISON, M.D.

ANCHORAGE, ALASKA, *March 26, 1969.*

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR: It is my understanding that Medical Library Assistance Act will be coming before Congress in the near future for renewal. We have recently acquired a medical library in Anchorage through the agency of the Regional Medical Program. The benefit that it has provided in its short existence has been marked and will prove to be even more so as additional physicians avail themselves of it. Hitherto before, each of us have had to rely on our own collection of journals and texts, many of which become outdated. Within the past three months I have had several vascular problems whose care was facilitated by review of literature that would not have otherwise been available to me. Therefore, I urge you to do all that you can to secure renewal of this legislation and to increase its scope in any way possible.

Sincerely yours,

FREDERICK R. HOOD, JR., M.D.

ANCHORAGE, ALASKA, *March 26, 1969.*

Hon. RALPH YARBOROUGH,
c/o Mr. San W. Hitt, Chairman,
Hartford, Conn.

DEAR SENATOR YARBOROUGH: I would like to wholeheartedly support a renewal of funds for the Alaska Health Science Library and Pacific Northwest Regional Health Science Library—as presently developed they have fulfilled a major need for making available references and pertinent literature for difficult clinical problems in the practice of medicine in Alaska.

Sincerely yours,

ARNDT VON HIPPEL, M.D.

ANCHORAGE, ALASKA, *April 4, 1969.*

Hon. RALPH YARBOROUGH,
U.S. Senate, Senate Office Building,
Washington, D.C.

DEAR SENATOR YARBOROUGH: I would like to urge that serious consideration be given to the problem of funding the Medical Library Assistance Act which is currently being considered for renewal. As one of the few practitioners of pathology in the large State of Alaska I find that our regional medical library is a very valuable source for locating specific answers to problems regarding both diagnosis and future therapy for patients from whom I receive material.

This library is less than a year old and is struggling under somewhat adverse physical circumstances; however, the personnel do an extremely fine job in assisting all of the physicians in Alaska.

Very sincerely yours,

JOHN B. ARTHAUD, M.D.

FAIRBANKS MEDICAL AND SURGICAL CLINIC,
Fairbanks, Alaska, March 28, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SIR: I would like to endorse the Alaska Health Science Library and the Pacific Northwest Regional Health Science Library, and encourage the continued funding of same. Their usefulness is invaluable to the physicians in the State of Alaska.

Respectfully,

GLEN STRAATSMA, M.D.

FAIRBANKS MEDICAL AND SURGICAL CLINIC,
Fairbanks, Alaska, March 27, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR: I have found the Medical Sciences Library in Anchorage very useful, and would like to encourage its continued funding. It is probably the most effective and efficient source of information available to me at this time.

Thank you.

Respectfully,

ROBERT D. HANEK, M.D.

EAST PARK PROFESSIONAL CENTER,
Anchorage, Alaska, March 31, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: I am writing to you regarding the Alaska Health Science Library and Pacific Northwest Regional Science Library. As you know, there is no institution for higher medical education in the State of Alaska, the nearest being in Seattle at the University of Washington. This means that without the benefits of current journals and textbooks provided recently by the Alaska Health Science Library, it is exceedingly difficult for practitioners in the urban as well as rural areas of Alaska to obtain adequate reference and review material necessary to the practice of quality medicine.

This is also most important in training nursing and paramedical personnel, and as active programs in both areas are underway in Alaska, the continuence and expansion of existing facilities is mandatory for their future success and growth.

I cannot overestimate the potential worth of a central medical library for such a sprawling state as Alaska and would hope that you would look favorably upon our needs in the upcoming Congressional Session.

Sincerely,

ALAN HOMAY, M.D.

ANCHORAGE, ALASKA, *March 28, 1969.*

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SIR: We have recently acquired a Regional Medical Library here in Anchorage as an affiliate of the Pacific Northwest Regional Health Science Library. In the short time this has existed, it has proved an extremely valuable source of detailed medical information for the recurrent problems of medical practice that seem to exceed the capability of one's own knowledge or that of one's confreres.

It has thus been a great contribution to the health needs of this somewhat isolated community, and a considerable comfort to the anxieties of some of us physicians here.

It has been of far greater benefit to the community as a whole than federal programs in other aspects of the dissemination of medical information. I hope that funds can be found for its continuation and expansion.

Respectfully,

ROBERT D. WHALEY, M.D.

KETCHIKAN, ALASKA, *March 28, 1969.*

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

Dear SENATOR YARBOROUGH: I am a general surgeon in a small town in Southeastern Alaska. I am the only surgeon in this area and have practiced here with approximately ten other physicians.

Our medical library at our hospital is small and limited and although I subscribe to seven or eight specialty journals, I frequently have need for other library facilities.

The nearest library facilities are the University of Washington in Seattle and the newly created Alaska Health Science Library and Pacific Northwest Regional Health Science Library in Anchorage. On four occasions during the last six months when reviewing a particular subject as part of investigating further the problems that I have here I wrote these libraries and used their bibliography service. This has meant the copying of anywhere from three to ten separate articles that were then, quite promptly sent to me for my review and study.

In addition to this, I keep track of three or four other surgical journals by perusing the table of contents which are copied and sent to me through the Anchorage library and indicating the articles that I would like to see.

It is very difficult to keep up with the practice of medicine and surgery when one is out of the training center and this service of the libraries is a tremendous help to me. I would like to urge continuing support of your committee for these programs.

Sincerely yours,

JAMES A. WILSON, M.D., F.A.C.S.

STATE OF ALASKA,
DEPARTMENT OF HEALTH AND WELFARE,
Anchorage, March 28, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: I am writing you this letter to encourage continued Federal support of the newly created Alaska Health Science Library and the Pacific Northwest Regional Health Science Library.

Prior to the establishment of the Alaska Health Science Library in Anchorage this year, there were no adequate medical library facilities available within the state. This regrettable situation tended to stifle investigative work in the medical sciences, continuing medical education, and scientific thought in the community. The recruitment of new health science professionals was also made difficult due to lack of readily available library services.

However, this has now changed with the new library. This service has greatly enriched the medical community and is used extensively. I personally spend hours each week using its services and many use it more. It would be unfortunate indeed if its services could not be continued. I sincerely request that you see fit to encourage continued funding for it.

Respectfully,

GEORGE S. RHYNEER, M.D.,
Acting Chief, Unit of Tuberculosis Control.

ANCHORAGE, ALASKA, *March 27, 1969.*

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: I understand that the Medical Library Assistance Act will soon be under consideration by Congress regarding renewal legislation. As a physician in the private practice of general surgery, I am extremely interested in this legislation.

Alaska is medically "isolated". The quality of medical care and the standards of practice in Alaska are high. In general the physicians here are as intelligent, well-trained and hard-working as any comparable group in the United States. However we have one significant handicap—that of distance from the medical centers. The closest medical center (The University of Washington at Seattle)

is 1500 miles from Anchorage and the round-trip air fare is at least $150. This means that post-graduate education by attending meetings and courses is time-consuming and expensive. Therefore, we necessarily rely upon reading in order to keep abreast of medical developments. Every physician has his own private library of textbooks and subscribes to medical journals of his interest. But the size of such private libraries are invariably limited by their expense. Until recently there has been no central medical library in the state.

With the foregoing as background, you can easily understand the importance of the newly formed Alaska Health Science Library in Anchorage and the Pacific Northwest Regional Health Science Library in Anchorage and the Pacific Northwest Regional Health Science Library at the University of Washington in Seattle. To us in Alaska they are the only practical means of continuing medical education.

Libraries, and especially medical libraries, tend to be expensive and tend to be undramatic. It is difficult to demonstrate their usefulness. How does one demonstrate the absence of a complication following an operation, because the surgeon has now information that he did not have before? How does one prove that a life has been spared? I can only testify that the two libraries (here and in Seattle) are developing rapidly, they are being used by Alaskan physicians and other health professionals, and they are of the greatest importance to present and future medical care in this state. They contribute directly to the well-being of our patients and tax-payers, and I can think of no better use for my tax dollar.

I would urge you to give the legislation concerning medical library assistance you wholehearted support.

Sincerely yours,

FREDERICK J. HILLMAN, M.D.

ARKANSAS

UNIVERSITY OF ARKANSAS,
MEDICAL CENTER,
Little Rock, March 21, 1969.

Senator RALPH YARBOROUGH,
Chairman, Subcommittee on Health,
Committee on Labor and Public Welfare,
Washington, D.C.

DEAR SENATOR YARBOROUGH: I am writing to you about the renewal of the Medical Library Assistance Act and about increased funding for this Act.

The University of Arkansas Medical Center Library serves the School of Medicine, the School of Pharmacy, the School of Nursing, the Graduate School in the Basic Sciences, the School of X-ray Technology, the School of Medical Technology, as of 1968 the School of Dental Hygiene, and serves as a resource library for all health science practitioners in the state.

From 1960–1965 the library did not receive an increase in budget. In 1966 by showing that the Medical Library Assistance Act would support the libraries which were supported by their institutions the budget was increased and has continued to be. Even so Arkansas is a poor state and the budget increase each year barely allows the library to stay abreast of the 7–8% increase in journal title costs per year and in the 22–25% increase in cost per monograph title per year.

The six years 1960–1965 when the library did not have a budget increase resulted in many deficient areas in the collection. The graduate school area, the nursing area, and the reference area had not been kept up-to-date. The resource grant for the first year was used to bring these areas to a satisfactory operating level.

The second year the reference area was again concentrated on and in addition the area of Economics and Business was built to conform with a curriculum advancement in the School of Pharmacy.

Both years the professional librarians have been able to go to continuing education courses.

Needed equipment as two electric typewriters and a microform reader printer have been obtained.

This probably doesn't seem dramatic to you. But to the patrons of our library it has made our services and collection seem superb. To the librarians it has meant daily being able to go one step further to help a patron.

The Medical Library Assistance Act Resource Grants for the University of Arkansas Medical Center Library were approximately $25,000.00 for the first year, $20,000.00 for the second, and $15,000.00 for this third year. If the Act had been funded to a higher level there was so much more that needed to be done and could have been done. Medical librarians know what is needed and how to do it. We need financial support to fulfill the role of information resource placed on medical libraries by the programs striving to improve health care in the United States.

Renewal of the Medical Library Assistance Act and an increased level of funding for it will help medical libraries do what they should be doing now.

Sincerely yours,

ROSE HOGAN, *Librarian.*

90

ARIZONA

THE UNIVERSITY OF ARIZONA,
COLLEGE OF MEDICINE LIBRARY,
Tucson, Ariz., April 21, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

DEAR SIR: I am writing you in my capacity as Librarian of the new College of Medicine at the University of Arizona in support of renewal legislation for the Medical Libraries Assistance Act.

I would like particularly to let you know how effective the Act has been in terms of resources, construction, and regional medical libraries.

The importance of the Act in building medical library resources can scarcely be overestimated. When this library was first started in the Fall of 1965, in a State which had not heretofore had a medical school, the state of medical library resources in Arizona could best be described as minimal. What medical library installations there were tried manfully to supply needed information, but could do so only from very inadequate resources.

Less than four years later, this picture has changed considerably, which change in no small part was caused by resources funding under the Medical Library Assistance Act. In particular, many serial sets and reference sets needed for bibliographic support of medical research could not have been obtained without outside support, of the type obtained through the Act. Such additions to library resources have made a qualitative difference to the flow of medical information throughout the whole State, a difference which would have been much delayed without the support of the Assistance Act.

Being charged with the physical planning of a new medical school library, I have also had the opportunity to see many existing medical libraries throughout the country. My reaction has been one of shock in many instances: lack of adequate facilities has caused the library collections to go unused, to the obvious detriment of both medical education and research. On the other hand, where construction funds have been sought or granted under the terms of the Act, the planning has been of such a quality that the results will be excellent medical libraries which will have the facilities to fulfill their respective roles in education, research, and the practice of medicine. To think of these roles going unfulfilled is harrowing: medical bibliographic resources are needed badly in the national effort for improved patient care, and their non-use through inadequate housing borders on the insane.

As a medical librarian in one of the poorer States, and one in which riches are not imminent, I am also impressed by the potentialities of the regional medical library provisions of the Act. It would be neither prudent nor possible to build medical library resources in depth in an attempt to meet all conceivable local needs. Instead, it makes much more sense to share resources, particularly in lesser-used materials. This concept is embodied in the regional medical library aspects of the Act, and is a valid one. Arizona, under such provisions, will be able to draw freely on the excellent resources of the Biomedical Library of the University of California, Los Angeles, for materials which are not needed for frequent use at local stations. All of us in medical libraries in Arizona, and particularly our library users, are looking forward to the implementation of this regional service later this year. It will give us yet a higher level of sophistication in the supply of health sciences information, with a consequent higher level of health care throughout Arizona.

With the other provisions of the Act I have not had the same involvement as with these three. If, however, they are as well administered as these, their value is doubtless comparable.

Obviously, Sir, we have set ourselves on the road to improved medical library services for improved patient care. It would be disastrous to interrupt or stop this progress. I urge you most strongly to continue this support for medical information service, and to press for a renewed Medical Library Assistance Act.

Yours very truly,

DAVID BISHOP, *Librarian.*

CALIFORNIA

STANFORD UNIVERSITY SCHOOL OF MEDICINE,
STANFORD MEDICAL CENTER,
Palo Alto, Calif., April 24, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR MR. YARBOROUGH: The Lane Medical Library at Stanford University in California has been the recipient of grants from the Medical Library Assistance Act for the last three years. I understand that the renewal legislation will soon be coming before Congress, and I would like first of all to tell you what a boon it has been toward assisting the people in the health sciences field. Our library serves a great many people directly and through interlibrary loans. Our borrowers range from high school students working on science fair projects; to officials working on the linear accelerator; from student nurses; to department heads and topnotch researchers. The interlibrary loans go to small community hospitals, as well as to large university libraries.

As taxpayers, we gave the most careful scrutiny to the uses for our grant funds. We added a unit to our card catalogue, purchased chairs and a table to hold the Index Medicus (a table wide enough to leave working space with the large volumes). A map case, desk, microfische, counter stools, and a filing cabinet were added. A partition was added to the foyer in order to increase the size of the library.

The rest of the grant funds were used to purchase books, a few single issues of Journals, and a set of the Japanese Journal of Genetics (now important for the study of the effects of the atomic bomb).

Several hundred volumes of journals, previously tied between pieces of cardboard in order to hold them upright, were bound. Important titles were selected on the basis of use or of real historical importance. The extensive use made of the Lane Library collection is proof of its usefulness.

It is hoped that further legislation will be passed to assist the medical libraries of the country. We must meet the needs of the people through science and through a better understanding of patient needs. My request cannot be eloquently expressed; but as a sincere and hard working librarian, I want to assure you that the grant funds used at Lane Library are used for good, practical purposes. The benefits have been felt by the people of the community, researchers, students and patients. I assure you that funds are needed to get medical libraries the books which take us the step beyond the routine and into the rare and unusual fields which will affect patient care in the future.

Please support the medical library assistance act.

Very truly yours,

CLARA MANSON, *Chief Librarian.*

REISS-DAVIS CHILD STUDY CENTER,
Los Angeles, Calif., March 21, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: I am writing in the hope that you will support the renewal legislation for the Medical Library Assistance Act which I understand will be coming before Congress this Spring.

This Child Study Center has developed a library in the field of child development, child psychiatry, child guidance, child psychology, etc., and we have been recipients of aid through the Medical Library Assistance Act which, although less than $5,000.00 in amount, has been of immeasurable assistance in the further development of this library.

Specifically, we have been able to increase the service potential of our library by developing more efficient cataloging, reference listing and adding a part-time library aide to help our full-time librarian with the ever-increasing demands made upon our library. Some of the funds that we have received have enabled us to add several hundred volumes of pertinent resource material in our particular field. The development of our library is attested to by the fact that increasingly the graduate students from the nearby universities—i.e., UCLA and USC—find our library valuable in working on their graduate studies and the required theses.

Therefore, I do hope that you will give serious consideration to the renewal of this Medical Library Assistance Act. Should you need further information, I would be pleased to forward it.

Sincerely,

ROCCO L. MOTTO, M.D., *Director.*

THE LIBRARY,
LOS ANGELES COUNTY MEDICAL ASSOCIATION,
Los Angeles, Calif., April 24, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Senate Office Building,
Washington, D.C.

DEAR SENATOR YARBOROUGH: While our library has not benefited directly from the Medical Library Assistance Act, as a responsible member of the library profession I strongly urge renewal legislation to the Medical Library Assistance Act of 1965.

If for no other reason, we will benefit indirectly from the establishment of the Pacific Southwest Regional Medical Library Service as has the University of California at Los Angeles Biomedical Library, which Regional Program was provided for in this Act.

As a result of surveys conducted by both the government and our profession it has been apparent for years that there was a need to bring many of the academic medical libraries up to even minimum standards. The Medical Library Assistance Act has taken a large step forward in this direction, and it would be a pity at this point to leave the job just one third to one half finished.

Sincerely yours,

JOHN M. CONNOR, *Librarian.*

UNIVERSITY OF CALIFORNIA,
SAN FRANCISCO MEDICAL CENTER,
San Francisco, Calif., April 24, 1969.

Re direct benefits from the Medical Library Assistance Act.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: The services made available by the fiscal support provided under the Medical Library Assistance Act have been effective in teaching, in research, and in patient care because the programs the library carried out directly benefiitted persons in the health sciences.

The better organization of our serials records and the subsequent publication of the Serials of the Library of the University of California San Francisco Medical Center has made citation location more efficient and speedier throughout California.

The program of substitution of photocopy for the original publication had two-fold advantages in making the same materials available to practitioners in the community in convenient form without removing library resources from a teaching and research staff.

Possibly the result of the national support of medical libraries most difficult to quantify is the result also difficult to describe: the underwriting and the re-examination and re-alignment of all kinds of health science library activities with the view to their improvement and responsiveness to new needs in health care.

Sincerely,

MRS. JEANETTE G. YEAZELL,
Assistant University Librarian.

33-703—69——7

UNIVERSITY OF CALIFORNIA, DAVIS,
HEALTH SCIENCES LIBRARY,
Davis, Calif., April 23, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
Subcommittee on Health,
U.S. Senate,
Washington, D.C.

DEAR SENATOR: I am writing to you because of my deep concern over the future of medical libraries in the United States.

The Medical Library Assistance Act of 1965 has provided for an effective improvement of medical library services and facilities through various programs of grants. I would like to let you know that our library has been the recipient of a library resource grant for the last two years, and that we were able to utilize the monies in a very meaningful way. Our library was organized in 1966 to serve the newly established medical school on the Davis Campus. The State funds were augmented with a resource grant received through the National Library of Medicine, which made possible a more rapid development of the collection, allowed for purchase of needed library equipment and for application of some of the modern library technologies in service to the clientele. When the School of Medicine opened its doors to the first class in the Fall of 1968, the library was ready to provide service to students and faculty. The grant money helped substantially in approaching the desired level of library service in the very short period of two years.

Future development of our library will be enhanced if the Congress will renew the Medical Library Assistance Act. Further appropriations of construction funds will advance our planning and completion date for a permanent library facility, which is badly needed. At the present time, the library operates out of a temporary structure, much too small for the growing size of the student body and other users of the collection. Federal assistance appears to be the only hope for relief in the foreseeable future.

I hope that this brief summary of actually received and anticipated benefits from the Medical Library Assistance Act will motivate you strongly in favor of the renewal of legislation on the Medical Library Assistance Act.

Sincerely yours,

MARJAN MERALA, *Librarian.*

UNIVERSITY OF CALIFORNIA, SAN DIEGO,
BIOMEDICAL LIBRARY,
La Jolla, Calif., April 23, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: My attention has been directed to legislation, soon to be considered by the Congress, extending the Medical Library Assistance Act of 1965.

For three years medical libraries have experienced the benefits of the 1965 legislation. In San Diego, a resource grant under the Act has enabled the Biomedical Library and the University of California to improve significantly the amount and quality of reference resources. Furthermore, with grant support, the San Diego Medical Society-University catalog has been converted to the National Library of Medicine cataloging system, thereby increasing the Library's effectiveness. These developments, made possible by the Assistance Act, improve information services to all of the health professions in our community.

I am writing now to endorse the existing legislation supporting medical libraries, and to urge the enactment of legislation to renew and enlarge its provisions, particularly the portions of the Act which provide resource grants, regionalization programs, and construction grants.

Sincerely yours,

ROBERT LEWIS, *Biomedical Librarian.*

UNIVERSITY OF CALIFORNIA, SAN DIEGO,
SCHOOL OF MEDICINE,
La Jolla, Calif., June 9, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SIR: I am writing in support of renewal of the Medical Library Assistance Act. The Bio-Medical Library on our campus has given indispensable service to medical faculty and to medical students. We are deeply cognizant of our community obligation to provide urgently needed physicians and to participate in improving health care through service and research. None of these functions can be performed properly without adequate library facilities.

We support vigorously any legislation which assists in providing such facilities.

Sincerely yours,

ALLEN LEIN, *Associate Dean.*

SAN DIEGO, CALIF., *May 21, 1969.*

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: As a practicing physician, a member of a medical school faculty, and the chairman of a hospital library committee, I would like to add my voice to those supporting renewal of the Medical Library Assistance Act.

The medical library is the focal point upon which all of the practice of medicine revolves. This is true not only for those in training or for those teaching, but also for every physician in day-to-day practice. No single physician could possibly build a large enough library to keep him abreast of the changes in medicine. The only way this can be accomplished is to have sufficient medical libraries available in every community. For example, the library with which I am concerned is a combination of a hospital library, a medical society library, and a medical school library. Combining these three groups, it serves well over 2,000 physicians. At the moment, space is woefully inadequate. The reading room has chairs for only about 20 people. As more medical students and faculty arrive on the scene, this space shortage will become even greater. We have a place where a new library could be constructed but, unfortunately, do not have the funds. However, it is well within probability that we could raise the matching funds necessary under the Medical Library Assistance Act.

I am sure this same story can be repeated many times around the country. Thus, I would again urge renewal of the Medical Library Assistance Act.

Sincerely yours,

SIDNEY L. SALTZSTEIN, M.D.

UNIVERSITY OF SOUTHERN CALIFORNIA,
SCHOOL OF MEDICINE,
Los Angeles, Calif., April 23, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
Senate Office Building, Washington, D.C.

DEAR SIR: I, as a citizen and medical librarian of the Norris Medical Library of the University of Southern California School of Medicine, urge you to support the renewal of the Medical Library Assistance Act.

The medical library today has become a health science information center; consequently, its functions and responsibilities to the community as a whole have mushroomed.

The traditional concept of the university medical library serving only within its academic setting has changed. Its privilege and its role in disseminating ". . . among health scientists and practitioners the ever increasing volume of knowledge and information which has been developed in the health science field" necessitates continued assistance from the federal government.

Sincerely,

VILMA PROCTOR, Ph.D.,
Chief Medical Librarian.

CONNECTICUT

YALE UNIVERSITY,
SCHOOL OF MEDICINE,
New Haven, Conn., April 1, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: I strongly recommend renewal of the Medical Library Assistance Act of 1965 and enlargement of its funding to strengthen critically needed library and information services in the health sciences.

As you know, this Act was the first comprehensive attempt of the federal government to support health library services for which demand had been radically increased over the years as a result of federal funding of research projects and more recently of increased federal support of health care programs. Until this Act was passed, federal financing of health libraries was severely restricted.

Under the Act, the Yale Medical Library has used a Resource Grant to expand microfilm, audiovisual, book, and periodical collections; to implement an electronic book security system to reduce losses; to purchase audiovisual equipment, study carrels, and radio signal paging receivers for library users expecting calls from hospital or office; and to subscribe to a computerized "selective dissemination of information" service. Also under the Act, several Yale people have received support for preparing special scientific publications. The Act's financing of regional medical libraries has benefitted Yale through the expanded interlibrary support services of the nation's first regional medical library at the Countway Library at Harvard. In turn, Yale is preparing to expand its interlibrary services in the subregion of Connecticut with Regional Medical Program funds, thus further developing the reality of a national health library network. The Yale Medical Library continues to offer its services to the health professions at large.

Yale's principal need in the future will be for construction funds, as one of the nation's larger health libraries—supporting both current educational, research, and health care activities and one of the few graduate programs in the history of science and medicine—reaches capacity and seeks additional space to build on present strengths. Funds available for construction under the present Act were far too limited to meet the documented need for new health library construction across the country, a need which will continue to require massive federal assistance as private institutions become more preseed to meet basic operating costs.

Excellent health library service is crucial to all activities guarding the health of the American people, from basic research through training of new practitioners to delivery of health care in the community. Excellent health library service will depend on increased federal support through a continuing and expanded Medical Library Assistance Act. I urge your favorable and prompt action.

Sincerely,

F. C. REDLICH, M.D., *Dean.*

DELAWARE

ALFRED I. DUPONT INSTITUTE
OF THE NEMOURS FOUNDATION,
Wilmington, Del., March 21, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR MR. YARBOROUGH: The benefit of the Medical Library Assistance Act to the staff of this hospital prompts us to encourage passage of renewal legislation when it comes to vote, probably this spring.

This is an orthopedic hospital for children up to the age of 16 years. In addition to the permanent staff, we have residents in orthopedics and pediatrics. Most of the doctors are engaged in research projects as well as patient surgery and treatment. It is, therefore, highly important for them to keep abreast of the current developments in their fields both in the United States and abroad.

No hospital library can hope to subscribe to all the journals which contain articles of pertinent interest. The establishment of the Regional Medical Libraries is a remarkable answer to the problem of need without duplication of effort and expense. In our case, the Library of the College of Physicians of Philadelphia serves this region with promptness, generosity, and increasing efficiency in lending books and providing copies of journal articles on request.

Please vote "Yes" for renewal and expansion of the Medical Library Assistance Act.

Yours truly,

Mrs. GENE SCHIEFELBEIN, *Librarian.*

WILMINGTON, DEL., *June 16, 1969.*

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR MR. YARBOROUGH: It has come to my attention that the Medical Library Assistance Act is due to expire this summer.

I certainly hope that you will do all in your power to continue this excellent Act and do all that you can to prevent what would be certainly an unfortunate demise.

I am a graduate of the Jefferson Medical College, 1938, and have been located here in Wilmington, Delaware from that time until the present. Over the recent years, I have left a "perpetual" cash fund with the Jefferson Medical College Library so that I may contact them for immediate Xerox copies of data pertinent in my practice as a physician.

To me, this service is vital to medical progress in patient care; this I know from personal experience, as I most certainly could not buy every single magazine that has an excellent article in it. The Medical Library Assistance Act certainly must be of tremendous help to those men who do research that are participating in medical education whether in medical schools or in the para-medical groups.

I suppose the best proof would be for me to state bluntly that I have probably averaged $150 a year merely to obtain Xerox reprints from all sorts of available or obscure journals.

I emphasize again that good medical library service means a tremendous amount to me and my desire to be a thorough and conscientious physician. This is one government procedure, discontinuation of which, I would feel as a great personal loss.

If further information is desired from me, I would be most happy to be of help.

With kindest personal regards,

CHARLES M. BANCROFT, M.D.

DISTRICT OF COLUMBIA

THE GEORGE WASHINGTON UNIVERSITY,
March 26, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SIR: This letter is being written to respectfully call your attention to the Medical Library Assistance Act renewal legislation. This legislation has made possible the advances in library service the last three years.

The George Washington University School of Medicine Library has grossly inadequate space and facilities that are now being remedied by the construction grant made possible by the legislation. For the first time medical students, teachers and practitioners will have readily available the medical books and periodicals necessary for their scholarly pursuits.

The latest methods of information transfer, such as audiovisual materials, microform readers and computer terminals, will now be feasible for this medical population. Private and institutional funds are simply not adequate and not available for these most needed projects. It is only through this federal assistance provided by this act that these vital projects have been made possible.

The Medical Library Resource Grant has made possible purchasing of audio-visual materials, viewing equipment and sorely needed books and periodicals. The members of The George Washington University Library Committee have asked me to express to you and the other members of your committee, our sincere plea that the funds be increased in the future to allow medical libraries to increase their resources to acceptable minimal levels necessary for advancement of medical education, and the health care of our population.

Sincerely yours,

ISABELLA YOUNG, *Medical Librarian.*

FLORIDA

UNIVERSITY OF MIAMI,
Miami, Fla., March 24, 1969.

Hon. RALPH YARBOUROGH,
U.S. Senate,
Washington, D.C.

MY DEAR SENATOR YARBOROUGH: I wish to ask your support for the renewal of the Medical Library Assistance Act.

This Act has been of valuable help to the medical libraries of the United States. The University of Miami has participated in this program and has benefited greatly from it. The University was awarded a Resource Grant for a five-year period. These funds have been used to build up the Medical School Library's book and journal collection. They have enabled the School to purchase important teaching and research material that could not have been obtained otherwise. The faculty, student body, and paramedical personnel associated with the institution have profited greatly from this Grant. Continuance of it would mean that the Medical School would be able to obtain the library resources that are so essential to the institution.

The University also requested construction funds. Its application, submitted May 15, 1968, was approved, but there was no money for funding. It is vital that the University obtain a medical library building because its collection is already housed in six distinct and separate locations. This separation prevents efficient and economical operation and makes access to the material most difficult for Library users. To bring this collection into one location would enable the Medical School to operate much more smoothly and to improve vastly its research, general practice, and teaching functions.

The support of your Committee for renewal of the Medical Libra.y Assistance Act will do much to further medical education in America.

Sincerely yours,

Mrs. MILDRED C. LANGNER, *Director.*

UNIVERSITY OF MIAMI,
Miami, Fla., April 11, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: I am writing to ask your support for renewal of the Medical Library Assistance Act.

This act has benefited not only our own Medical School Library but all medical libraries throughout our country. The funds which our library received from a Resource Grant have been well spent to enlarge the library's collection of books and journals, thus making available valuable teachng and research material to the faculty, students, and paramedical personnel. Without these funds, our School would have been unable to provide the necessary additions.

We still have a problem, however, in that the books and jornals of our library are located in several different sites, and there is desperate need for a single medical library building. It is apparent that the function of the library to assist its users in their teaching, research, and clinical activities will be enhanced by having its collection housed in a single building.

Renewal of the Medical Library Assistance Act will help medical schools, such as our own, meet their responsibility to provide for the ever increasing health needs of society.

Sincerely yours,

THOMAS M. SCOTTI, M.D.,
Professor of Pathology and Member of the Library Committee.

UNIVERSITY OF FLORIDA,
THE J. HILLIS MILLER HEALTH CENTER,
Gainesville, Fla., March 21, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: I am especially interested in the renewal of the Medical Library Assistance Act. The Health Center Library has just concluded the first grant year as recipient of a Resource Grant. The results we have achieved in one year withthe money from this grant would have taken about three years with normal state appropriations.

The U of F Health Center has started a new College of Dentistry, with classes to begin in 1971. The Library used a portion of the Resource grant to develop a dental collection which is already being used by Florida dentists as they come to the Health Center for continuing education courses.

A major portion of the grant was used to support and expand a photocopy and reference service for Florida hospital libraries and individual researchers in the health services. We have leased a teletypewriter to decrease the lag in filling requests. Our current photocopying volume for Florida health professionals has increased to 3,000 pages monthly. Judging from the response of Florida physicians who use the service, we have saved valuable time, and hopefully even lives, by making our extensive library collection available to them.

We would like to see this legislation renewed because the money is definitely being spent for useful purposes.

Sincerely,

TED F. SRYGLEY, *Librarian.*

UNIVERSITY OF MIAMI,
Miami, Fla., April 1, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: I wish to ask your support for the renewal of the Medical Library Assistance Act.

This Act has been of valuable help to the medical libraries of the United States. The University of Miami has participated in this program and has benefited greatly from it. The University was awarded a Resource Grant for a five-year period. These funds have been used to build up the Medical School Library's book and journal collection. They have enabled the School to purchase important teaching and research material that could not have been obtained otherwise. The faculty, student body, and paramedical personnel associated with the institution have profited greatly from this Grant. Continuance of it would mean that the Medical School would be able to obtain the library resources that are so essential to the institution.

The University also requested construction funds. Its application, submitted May 15, 1968, was approved, but there was no money for funding. It is vital that the University obtain a medical library building because its collection is already housed in six distinct and separate locations. This separation prevents efficient and economical operation and makes access to the material most difficult for Library users. To bring this collection into one location would enable the Medical School to operate much more smoothly and to improve vastly its research, general practice, and teaching functions.

The support of your Committe for renewal of the Medical Library Assistance Act will do much to further medical education in America.

Sincerely,

FRANK MOYA, M.D., *Acting Dean.*

MIAMI, FLA., *April 4, 1969.*

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: I am writing in support of the renewal of the Medical Library Assistance Act.

I am in the active practice of medicine in the Miami area. As a member of the voluntary faculty of the University of Miami, I have been active in our library at the Medical School. The assistance we have received has been of great importance in allowing us to have adequate facilities for the doctors in training as well as all of the physicians in this area who utilize this facility.

We are badly in need of a new building which has been carefully planned and the only problem we have is in having adequate funds to give us this key center of Medical Education in Science upon which all of our local people are so dependent.

I would urge your committee to support the renewal for this Act which is so important for the future development of Medical Science and eventually the health of our people.

Very truly yours,

CHESTER CASSEL, M.D.

GEORGIA

STATE OF GEORGIA,
DEPARTMENT OF PUBLIC HEALTH,
Atlanta, Ga., March 26, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Subcommittee on Health,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: I am writing to express my personal support of the activities authorized by the Medical Library Assistance Act.

In my position as Planning Officer, Georgia Department of Public Health, I have worked with our Medical Librarian in the preparation of plans which were subsequently supported by grant awards from the National Library of Medicine. Even this limited participation has given me an insight into the value of the legislation and its implementation.

With the broad demands for improved delivery of health services and justifiable emphasis on the needs of the poor, it is easy to overlook the relationship of continuing professional education to these needs and demands. However, the purpose and practical implementation of the current legislation in the Medical Library Assistance Act in fact does provide one of the foundations which are essential to improved health care for all citizens.

It is the expressed hope of many of the professional and technical members of the Department that your committee will give favorable consideration to the renewal legislation now being proposed.

Sincerely,

Mrs. MARION R. EWING, *Planning Officer.*

STATE OF GEORGIA,
DEPARTMENT OF PUBLIC HEALTH,
Atlanta, Ga., March 25, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

MY DEAR MR. YARBOROUGH: As a recipient of a resource grant through the Medical Library Assistance Act. I would like to cite some concrete examples of how these funds were used to disseminate among health scientists and practitioners the ever increasing volume of knowledge and information constantly developing in the health science field:

1. Grant funds allowed the purchase of up-to-date reference publications (indexes, abstracts, encyclopedias, directories) as well as current texts that are used constantly by staff members in their programs of protecting and promoting the health of Georgia citizens.
2. A copying machine was purchased allowing reproduction and dissemination of informational materials thus making the library's holdings readily available to the health science community.
3. An honorarium was paid an instructor in medical librarianship to conduct an institute for departmental and area hospital nonprofessional librarians. Participants were introduced to basic bibliographic materials thus enabling them to serve their patrons with greater skill and efficiency.
4. A brochure describing each departmental library, its resources and services was produced with grant funds. (A copy is attached.)*
5. Modern methods of labeling materials thus making them easier to locate have been made possible with this money.

Your favorable consideration of not only renewing current legislation but also of making additional funds available will directly benefit the health and future scientific progress of the Nation.

Sincerely,

MIRIAM BOLAND, *Librarian.*

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* May be found in the files of the subcommittee.

EMORY UNIVERSITY,
DIVISION OF BASIC HEALTH SCIENCES,
DEPARTMENT OF MICROBIOLOGY,
Atlanta, Ga., April 1, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: I should like to express my strongest support for the legislation to extend the Medical Library Assistance Act. As a member of the Board of Regents of the National Library of Medicine, 1964–1968, I was made acutely aware of the magnitude of the national need in practically every area of biomedical communication, such as library construction, training of personnel, library resources, regional libraries, and the vital research and development areas necessary to keep pace with the vastly expendad field of biomedical information. Many deserving applications for support could not be met because of the lack of appropriation of legislatively authorized funds. The central role which the biomedical information area serves for the ultimate delivery of health service to the nation has been repeatedly emphasized and generally acknowledged. I sincerely hope that the Medical Library Assistance Act will be not only extended, but that it will be expanded to support more realistically the acute needs of the biomedical communications field vital for the proper delivery and development of the health services for the nation.

Sincerely yours,

MORRIS TAGER, M.D.,
Professor and Chairman.

EMORY UNIVERSITY,
A. W. CALHOUN MEDICAL LIBRARY,
Atlanta, Ga., March 27, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate,
Washington, D.C.

DEAR SIR: The A. W. Calhoun Medical Library has been able to take advantage of several provisions of the Medical Library Assistance Act. It has strengthened its own resources through the purchase of books and journals, made initial plans to develop a Regional Medical Library Program for the southeast, and participated in designing and conducting a new training program in biomedical communication. Renewal of the Medical Library Assistance Act and larger funding are essential to the continuation of these and other local and regional programs.

For three years the Emory Medical Library has received resource grants which have been used to improve the book collection, build up recent runs of journals, and strengthen the reference collection. Because Atlanta is a geographical center and the focus of a large biomedical community the A. W. Calhoun Medical Library serves as a back-up library for many hospital, nursing school and other small libraries in the area; some 3000 books and journal articles were loaned or photocopied for these libraries last year, and reference services were extended both to libraries and to individual physicians and other health workers in the area; thus, strengthening the Emory Medical Library's resources has benefited not only the Emory faculty and staff but hundreds of other health workers by making readily accessible several thousand recent books and journal volumes which otherwise would not have been available anywhere in the area.

The A. W. Calhoun Medical Library is now working with other larger libraries in the region to develop a Regional Medical Library Program for the entire southeast. A program to provide coordinated interlibrary loan services on a regional basis is expected to be operational before the end of the year. Demands for expanded and new services to rural hospitals and practitioners are increasing as a result of continuing education programs sponsored by the Regional Medical Program for Heart Disease, Cancer and Stroke; these needs cannot be met at the local level because of lack of resources, funds and trained personnel. Research workers and practitioners in the larger medical centers are requesting new and more sophisticated information services. If these needs are to be met much more money must be provided to develop effective regional and national networks and resources.

The third part of the Medical Library Assistance Act with which the Emory Medical Library has been concerned is the provision for training programs. The

Library has helped to develop an experimental graduate program in biomedical communication with courses offered at Tulane, Emory, the Georgia Institute of Technology, the University of Nebraska and the National Medical Audiovisual Center. The program, supported by a grant from the National Library of Medicine, is designed to give the advanced student a knowledge of contemporary techniques useful in developing dynamic systems of communication. The curriculum includes courses in computer technology, audiovisual media, medical writing, information engineering, introduction to medical libraries, and surveys of current medical developments. Most of the eight graduates of 1968/69 accepted positions which involve development of new teaching programs or learning centers in health science schools or hospital complexes. Budgetary and other considerations have limited the number of students who could be accepted each year. Although the program is still new and undergoing changes, students and faculty have expressed general satisfaction with this new approach to meeting the need for specialists in the art and science of biomedical communication.

The Medical Library Assistance Act has engendered creative new approaches to the old problem of disseminating medical information and at the same time it has supported expansion of sound traditional approaches. Substantial progress has been made but increased support in all areas covered by the Act will be required to solve the problem of providing easy access to the medical record for all who need it.

Very truly yours,

MIRIAM H. LIBBEY, *Librarian.*

EMORY UNIVERSITY,
Atlanta, Ga., April 18, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senator,
Senate Office Building, Washington, D.C.

DEAR SENATOR YARBOROUGH: I have recently learned that hearings are about to be held on the proposed renewal of the Medical Library Act and for the appropriations for the coming year. I am fully aware of the stringent fiscal policy which will be required for the immediate future and the need to be as economical as possible. I am also fully aware of the demands which will be made by all sectors of the health field, especially in areas of education and research. In general, I am in agreement with the need for a retrenchment. In my position as Dean of a medical school I assume I have the opportunity to view these problems with some degree of breadth and, therefore, need not apologize in making a special plea for consideration for medical libraries.

In the first place, libraries and their associated programs are the backbone of our ability to maintain and to disseminate information which has been accumulated over the years. To jeopardize these assets is not simply to stand still but to fall back at a rapid rate. Secondly, in my opinion, the rapid expansion of research in the past decade, outstripped our ability to store and to retrieve information and even before the recent economy move, support for medical libraries was just short of critical. Thirdly, it is my impression that the Library of Medicine was asked over a year ago to take a sizable cut in their budget. With the increase in demands for delivery of services to such programs as the Regional Medical Program and the Comprehensive Health Centers, our library facilities are now reaching the breaking point. Therefore, as I look at the total needs of medical schools and of the health care system, I do not hesitate to give a high priority to support of the programs of the National Library of Medicine.

Sincerely yours,

ARTHUR P. RICHARDSON, M.D.,
Dean.

STATE OF GEORGIA,
MILLEDGEVILLE STATE HOSPITAL,
Milledgeville, Ga., April 3, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

MY DEAR SENATOR YARBOROUGH: I am wirting to you on behalf of the Medical Library at Central State Hospital, its use of funds received through the Medical Library Assistance Act and plans it would like to carry out with a renewed grant of funds by a renewed Medical Library Assistance Act.

The number of books in the Medical Library of Central State Hospital and in the departmental libraries at Central State Hospital with holdings processed by the

Medical Library amounts to approximately 5,000. The Central State Hospital Medical Library is one of six libraries under the State of Georgia Department of Public Health. In 1967, based on the Medical Library Assistance Act, the Georgia Department of Public Health made an amount of $400 available for the CSH Medical Library to be applied on the purchase of books and journals. In a year when the actually available funds of the library were utterly restricted, this gift was to the Medical Library a lifesaver. It led to purchases which brought important serials and basic text books up to date.

The funds awarded to Georgia Public Health libraries in 1968 through the Medical Library Assistance Act were used for a two day institute in Atlanta on March 7 and 8, 1968, under the guidance of Mrs. Miriam Libbey. The librarian of Central State Hospital used this excellent opportunity, along with her colleagues, to refresh and expand her knowledge of the important topics and issues in library science.

The year 1969 will bring the CSH Medical Library renewed help through the Medical Library Assistance Act. One thousand dollars have been assigned for purchases of books, journals, and other materials. All of this amount has already been claimed by the doctors here for purchases. Among them are atlases, handbooks, basic texts in new editions, and the portable Wollensak 5710 to be used not only in the Medical Library, but in the doctors' offices at Central State Hospital as well. This amount, too, will be used to great advantage and there will not be any surplus left.

A renewed grant next year would be used on similar materials and on subscriptions to Audio-Digest Foundation tapes, which at a hospital where more than 60% of the doctors are of foreign origin, prove to be especially desirable and beneficial. Also considered would be the purchase of a portable taperecorder which can be worked with batteries so our psychiatrists could use it on their two hour rides to Augusta where they have to serve a three months residency before taking the final psychiatric test.

Respectfully yours,

Dr. Hannah Keeler, *Librarian.*

HAWAII

UNIVERSITY OF HAWAII,
SCHOOL OF MEDICINE,
March 24, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SIR: The Medical Library Assistance Act has been a most important factor in the growth of medical treatment and education in the Pacific. However, it is imperative that, for continued progress, it must be extended and perhaps increased.

Some elaboration is needed to explain our great need for help in Hawaii for information resources in the health sciences. Various local hospitals have their own medical libraries—St. Francis, Tripler, Hawaii State. Sinclair Library of the University of Hawaii supported the University Schools of Nursing, Public Health, and Social Work. However, teaching and research informational needs of the community in the biomedical sciences were not being met!

In September, 1967 the University of Hawaii School of Medicine enrolled its first class of medical students—and the need for information resources by the medical school faculty, graduate students, and medical students was overwhelming. Due to a Medical Library Resource Grant, Hamilton Library (the new graduate research library at the University of Hawaii) and Hastings H. Walker Medical Library (at Leahi Hospital) are making progress towards meeting these needs. There is so much more that can be done, both for Hawaii and the entire Pacific area. Medical education and assistance programs, with Hawaii as the hub, now exist in Okinawa and American Samoa. We feel that a biomedical library to support teaching and research information needs in the State of Hawaii, Samoa, the Trust Territory, and Okinawa is essential for the people in these areas.

In summary, to establish an invaluable service to the health sciences throughout the Pacific, we ask you to support not only the renewal but also the expansion of the Medical Library Assistance Act.

Very truly yours,

MERYL H. HABER, M.D.,
Chairman, University of Hawaii School of Medicine Library Committee.
(Mrs.) SHIRLEY L. ROBINSON,
Shirley L. Robinson,
Librarian.

IDAHO

MOUNTAIN STATES REGIONAL MEDICAL PROGRAM,
Boise, Idaho, April 8, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: My interest in writing to you is in relation to the renewal of the Medical Library Assistance Act, and the Congressional hearings that I believe are scheduled to be held this spring. I write in support of renewal and increased appropriations for this important legislation.

My views express those of a practicing physician and a part-time Director of the Idaho Regional Medical Program. I also speak from the background of a state that has no medical school and no central medical library resources.

As a practicing clinician I am delighted with the access that is now available to me to the world literature through the Northwest Regional Library in Seattle, Washington. I know, from speaking to my colleagues, that many of them are similarly pleased with this resource that the Medical Library Assistance Act has made possible. The payoff to me is improved patient care, and this is what we are all striving for.

We, in Idaho, have been directly affected by, and benefited from, the Medical Library Assistance Act. We have also been indirectly influenced. As a result of this legislation, increasing thought and concern is being given to improvement in medical library services that we ourselves must accomplish for our own state. In this context, the consultative service and the training aids now becoming available to us have great importance. We still have far to go, and change comes slowly, but I am confident that, with continuation of the Medical Library Assistance Act, important far-reaching changes will be made. The transition from the concept of a library consisting only of books and journals to one of all the old, plus the marvels of the electronic age will do much to help us in the "hinterlands" to keep abreast and, in so doing, to provide our patients with the best of care. What I am trying to emphasize is that I think the "wave" effort from this legislation is as great, perhaps greater, than the specific content of the Act itself or the money appropriated to it.

I hope the Act is continued and expanded.

Very truly yours,

DAVID M. BARTON, M.D.

ILLINOIS

UNIVERSITY OF ILLINOIS,
AT THE MEDICAL CENTER,
Chicago, Ill., May 14, 1969.

Senator RALPH YARBOROUGH
Senate Office Building
Washington, D.C.

DEAR SIR: Renewal legislation for the Medical Library Assistance Act (Public Law 89-291) will no doubt be coming before Congress soon, and I am writing to emphasize the benefits which have derived from this Act since 1965 and which will continue to derive from its renewal.

The Medical Library Assistance Act, under the supervision of the National Library of Medicine, has been the major element in the too long awaited upgrading of health science libraries throughout the country. Through the financial assistance thus available for construction of facilities, training of personnel, enrichment of resources, establishment of regional medical library service, and developments in medical library technology, libraries are much better prepared to assume their proper role of providing support for medical education and research.

This library can attest to the value of one facet of the Act, that of providing Medical Library Resources grants. With such a grant the library has been able to rehabilitate an appreciable segment of its collection by replacing worn-out material, to expand its bibliographical and medical history resources and add to its research publications, and to provide equipment to facilitate interlibrary loans thus increasing its resources. The library's physical facilities are grossly inadequate and it is the hope that a matching grant for construction funds will become available through the Act.

This library's experience as a beneficiary of the Medical Library Assistance Act is only one instance among many which show the ultimate value of the Act to the health science professions. This letter is sent in the hope that it will be useful to you when renewal of the Medical Library Assistance Act is under consideration.

Very truly yours,

WILMA TROXEL, *Director.*

MICHAEL REESE HOSPITAL AND MEDICAL CENTER,
Chicago, Ill., April 4, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: As a member of an institution which has had an opportunity to make use of the funds provided through the resources program of the Medical Library Assistance Act, I wish to urge your support of increased funding of this important legislation.

The availability of the modest contribution provided by this act has permitted Michael Reese Hospital and Medical Center, an institution heavily committed to programs of patient care, health care education and research, to make maximum use of extensive library resources with no capital investment. The resource grant permitted the employment of personnel who acted as communicators of information between the John Crerar Library and our small hospital library, permitting the latter to function as a satellite of the former. This results in conservation of community funds which would have otherwise been necessary to be expended for duplicate services at the hospital.

The resource grant has in fact permitted the fulfillment of the public objectives for cooperative arrangements in the interests of most economical use of community resources in health care.

We urge the continuance and expansion of this program. Thank you for your attention to this appeal.

Yours truly,

ROBERT KELLER, Ph. D.,
Chairman, Library and Records,
Committee of the Medical Staff.

MICHAEL REESE HOSPITAL AND MEDICAL CENTER,
Chicago, Ill., March 25, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

MY DEAR MR. YARBOROUGH: For the past two years the Medical Library of the Michael Reese Hospital has received a Resources Grant under the Medical Library Assistance Act. This has paid for a full time librarian who has been stationed at the John Crerar Library to act as a Subject Analyst and to expedite the processing of our inter-library loan requests.

Since ours is a small library, and we have a tremendous research program at Michael Reese Hospital, this has been an invaluable service. The Subject Analyst searched the literture and prepared bibliographies for anyone on our staff who requested this service. In this way the researcher could spend his time on his project rather than on searching the literature for material pertinent to his subject. However, he was made aware of everything that had been written on his subject, and then he could choose the articles which interested him. If the journals which he needed were not in our library they were secured for him through inter-library loan.

Because our library subscribes to only 259 journals, we must borrow heavily from the John Crerar Library and other libraries through inter-library loan. Each of our requests was processed by our librarian at the Crerar Library and was in the hands of the reader in 24 hours or less. We borrowed approximately 5,000 volumes during 1968. This grant has certainly helped "to disseminate among our readers the ever increasing volume of knowledge and information which has been developed in the health science field."

We do beseech you to renew the Medical Library Assistance Act with even larger funding so that the ever increasing volume of knowledge may be brought to people in the health science field.

Sincerely yours,

BERNICE ORTLEPP,
Librarian, Lillian W. Florsheim Memorial Library.

EVANSTON HOSPITAL,
Evanston, Ill., March 24, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SIR: The Evanston Hospital, Evanston, Illinois, has been a recipient of assistance under the Medical Library Assistance Act. Coincident with the first grant year the library moved to new quarters in the hospital, which were approximately 35 per cent larger. Grant money was used to provide shelving for the increased area. An amount of $4,627.00 was so spent. Using the list for small medical libraries, we have been adding to our book collection and in the second grant year have spent $1,100.00 on books and will have spent considerably more at the end of the grant year.

The Evanston Hospital is unique in that it is a community hospital with university affiliation and, therefore, is heavily involved in teaching. We operate the following training programs.

1. Junior Clerks Northwestern University Medical School
2. Senior Clerks Northwestern University Medical School
3. Approved internship program
4. Approved residency program in many specialties of medicine
5. Ph. D. candidate program in Pathology
6. School of Medical Technology
7. School of Medical Radiologic Technology
8. School of Nursing

In addition, we support basic and clinical research programs on a continuing basis. The utilization of the library, therefore, is multifaceted, and I have enclosed statistics for the last three years which reflect a steady increase in utilization.

I can point to effective use of construction, training, resources, special scientific projects and support of biomedical publications through our library. The examples would be numerous and perhaps are implicit in the type of training programs and the utilization figures.

Yours sincerely,

JOHN A. MCLAREN, M.D.,
Vice President, Patient Care Services.

Enclosure.

33-703—69——8

Webster Medical Library, Evanston Hospital

ATTENDANCE STATISTICS, 1968

Month	Staff	House	Nurse	Para	Total
January [1]	176	478	73	82	809
February [2]	22	91	24	31	168
March	343	789	175	185	1,492
April	325	837	91	202	1,455
May	361	957	71	181	1,560
June	304	676	104	156	1,240
July	282	788	126	202	1,398
August	271	910	141	226	1,548
September	336	751	97	219	1,403
October	362	1,082	118	253	1,815
November	337	918	129	268	1,652
December	267	614	83	199	1,163
Total	3,386	8,891	1,232	2,204	15,703

[1] Incomplete statistics because of moving to new location.
[2] Statistics on separate sheet.

CIRCULATION STATISTICS, 1968

Month	Books	Journals	Interlibrary [2]	Tapes	Total
January [1]	81	87	117	4	289
February [1]	18	9	0	2	29
March	89	148	15	2	254
April	60	71	----	3	134
May	75	120	----	27	222
June	40	57	----	11	108
July	72	66	----	5	143
August	68	99	----	14	181
September	78	195	----	4	227
October	103	117	----	11	231
November	128	105	----	10	246
December	62	84	----	20	166
Total	874	1,158	877	113	2,277

[1] Incomplete statistics because of moving to new location.
[2] Statistics on separate sheet.

ATTENDANCE STATISTICS, 1967

Month	Staff	House	Nurse	Para	Total
January	239	773	79	142	1,233
February	323	926	76	64	1,389
March	216	595	76	111	998
April	194	670	75	163	1,102
May	226	896	77	206	1,405
June	171	646	106	198	1,121
July	269	768	54	228	1,319
August	222	931	72	178	1,403
September	270	633	70	150	1,123
October	348	991	145	196	1,680
November	300	835	125	119	1,379
December	221	617	108	122	1,068
Total	2,999	9,281	1,063	1,877	15,220

CIRCULATION STATISTICS, 1967

Month	Books	Journals	Interlibrary	Tapes	Total
January	89	159	79	11	338
February	106	159	64	30	359
March	68	97	38	23	226
April	58	98	50	1	209
May	82	121	49	----	252
June	53	114	57	6	230
July	137	160	156	6	258
August	94	109	70	1	274
September	89	148	64	----	301
October	94	144	67	----	306
November	90	146	109	----	345
December	82	95	90	----	272
Total	1,042	1,550	894	82	3,568

WEBSTER MEDICAL LIBRARY, EVANSTON HOSPITAL—Continued

ATTENDANCE STATISTICS, 1966

Month	Staff	House	Nurse	Para	Total
January	214	691	279	159	1,343
February	231	758	69	91	1,149
March	237	585	140	187	1,149
April	234	778	79	128	1,219
May	237	649	100	141	1,127
June	228	395	81	94	798
July	270	769	42	131	1,212
August	233	828	26	170	1,257
September	238	712	96	185	1,231
October	210	774	44	121	1,149
November	263	853	51	191	1,368
December	200	662	78	146	1,086
Total	2,795	8,454	1,085	1,744	14,078

CIRCULATION STATISTICS, 1966

Month	Books	Journals	Interlibrary	Tapes	Total
January	123	166	47		336
February	92	119	44	1	256
March	137	146	62	2	347
April	59	114	32	2	207
May	102	124	56	2	284
June	47	90	52		189
July	62	91	96	10	259
August	83	126	54		263
September	94	68	60		222
October	89	144	57	2	292
November	77	163	71		131
December	139	104	54		297
Total	1,104	1,455	685	19	2,663

MICHAEL REESE HOSPITAL AND MEDICAL CENTER,
Chicago, Ill., March 26, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Senate Office Building,
Washington, D.C.

DEAR SENATOR YARBOROUGH: As a member of an institution which has had an opportunity to make use of the funds provided through the resources program of the Medical Library Assistance Act, I wish to urge your support of increased funding for this important legislation.

The availability of the modest contribution provided by this act has permitted Michael Reese Hospital and Medical Center, an institution heavily committed to programs of patient care, health care education and research, to make maximum use of extensive library resources with no capital investment. The resource grant permitted the employment of personnel who acted as communicators of information between the John Crerar Library and our small hospital library, permitting the latter to function as a satellite of the former. This results in conservation of community funds which would have otherwise been necessary to be expended for duplicate services at the hospital.

The resource grant has in fact permitted the fulfillment of the public objectives for cooperative arrangements in the interests of most economical use of community resources in health care.

We urge the continuance and expansion of this program. Thank you for your attention to this appeal.

Yours truly,

MORTON C. CREDITOR, M.D.
Director, Professional Affairs

INDIANA

INDIANA UNIVERSITY
Bloomington, Ind., March 26, 1969.

Hon. RALPH YARBOROUGH,
Old Senate Office Building,
Washington, D.C.

DEAR SENATOR YARBOROUGH: I am writing this letter to urge your support of legislation renewing the Medical Library Assistance Act.

The Optometry Branch Library at Indiana University has received a Medical Library Resources Grant which began in June, 1967, and will probably extend for 5 years, if the funds are provided. This grant has been extremely important in the development of the library. It was first received at the time the optometry branch was being separated from the main Indiana University library and the Division of Optometry was moving into a new building. There was also at this time a large expansion of optometric education here, an annual increase to about 50 new students a year (33 per cent expansion the first year) being enrolled beginning fall, 1967.

We are now in the second year of our grant, and it has obviously greatly enhanced our ability to serve this group of students. We were able to increase by a large per cent during the first year our coverage of basic reference and indexing resources, current monographs, and important journals and backfiles.

This library is the only optometric library in the area roughly delineated by Chicago, Columbus, Memphis, and St. Louis; and therefore we expect to serve the practitioners within a radius of from 150–200 miles. As our collection becomes known, our community service will increase. Without the continued Medical Library Resources Grant it is doubtful that we shall be able to meet this demand.

The following is a quotation from the annual letter written in December, 1968, by Dr. Henry Hofstetter, head of the Division of Optometry at Indiana University, to his colleagues in the profession:

". . . The new facilities have already had a profound effect on our present courses. With the essential resources so near at hand the school is truly a camp for learning, not just an array of lectures and assignments. The new library is the most striking example of the role that information resources can play in a program of study. Well over a hundred users enter the library every day. It is my guess that library utilization by optometry students and staff has increased by a factor of at least 25! I know it has in my own case alone.

"To state the whole issue simply, if any one of us has an idea, an inspiration, or a question, it can be pursued *immediately*, in the clinic, in a workshop, in a darkroom, in the library, in an office, in the lounge, or even in the hamburger place across the street. It is a most stimulating environment, one that is producing great advances for the profession.

"The visual science resources now available here attract outside interests as well. Consulting teams of visitors are weekly occurrences, representing such areas of interest as industry, research, education, law, health, business, recreation, and administration."

I urge you to support the Medical Library Assistance Act. Its consequences are of very great and specific value to the citizens of this country.

Yours very truly,

(MRS.) ELIZABETH EGAN,
Librarian.

INDIANA UNIVERSITY,
MEDICAL CENTER,
Indianapolis, Ind., March 25, 1969.

HON. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: In late 1967, in response to increased emphasis on continuing medical education in Indiana, the School of Medicine Library, the largest medical library in the state, assumed a new responsibility to speed materials concerning advances in diagnosis, treatment, and better patient care to physicians and other members of the medical community in the areas of the state that do not have easy access to a medical library. The first step in this direction was to install a TWX terminal on line to twenty-two terminals in larger Indiana communities and the four state universities. The twenty-two terminals are connected by WATS (wide area telephone service) lines to one hundred twenty-two other communities. This network, funded by the Indiana State Library, is unique in that it is the largest of its kind in operation in the United States and Canada. By this method, this library has the capacity to serve more physicians more rapidly than any other state. The School of Medicine Library's terminal is funded by a National Library of Medicine Resource Grant. Physicians and hospitals, by contacting their local public libraries in these one hundred forty-four communities, may request specific articles and bibliographies by teletype directly from the School of Medicine Library. Photocopies of requested articles are sent by first-class mail to the physicians or hospitals within twenty-four hours. Bibliographies are compiled as soon as possible.

The next step was the completion of a computer-produced list of this library's serials holdings. Copies of this catalog were sent to all hospital libraries and to all TWX terminals in Indiana so physicians will know what is available at the Medical Center. This project was also financed by a National Library of Medicine Resource Grant.

As many as three hundred fifty-eight articles per month are sent to patrons outside the metropolitan area. Of the eighty-five communities served to date the size ranges from large population centers such as Fort Wayne and Gary to small communities such as Argus and Wingate.

It is felt that the enthusiastic response to these services justifies their continuation as well as their expansion and the development of additional services. A program this extensive cannot be maintained by the budget of this medical library. No one can deny the necessity of continuing medical education with the ultimate goal of improved patient care. As the Resource Grant is now structured, decreasing each year over a five-year period, the services will obviously be curtailed.

I should like to request that you give your attention to assuring that more funds be made available to medical libraries when the Medical Library Assistance Act is considered for renewal. The efforts of these libraries to disseminate the increasing volume of scientific knowledge to practicing physicians and research personnel is a matter of record.

Very truly yours,

MARY JANE LAATZ,
Medical Librarian.

PURDUE UNIVERSITY,
Lafayette, Ind., March 25, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: I am writing to express appreciation of the support which the School of Pharmacy and Pharmacal Sciences at Purdue University has received from the Medical Library Assistance Act. Through the funds made available by this important act we have been able to expand the periodical and monograph collections in our library to a very appreciable extent and have been able to add materials in special subject areas that had not been well developed in the past. This added material has enabled us to give adequate support to some of the newer programs of the school, to keep up with the rapidly increasing body of literature produced, and to make such material available to members of the University and the local community as well.

It is my hope that the Federal support of this very important program will be continued in the future. I view it as a vital contribution to the growth and development of the School of Pharmacy and Pharmacal Sciences as it strives to serve the increased health needs of the American public. Your support of legislation on behalf of the Medical Library Assistance Act would be greatly appreciated by me and by the faculty of our school.

Yours sincerely,

VARRO E. TYLER,
Dean.

PURDUE UNIVERSITY,
SCHOOL OF VETERINARY SCIENCE AND MEDICINE,
OFFICE OF THE DEAN,
Lafayette, Ind., April 14, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: As chairman of the Committee on Labor and Public Welfare and its Subcommittee on Health, you will be concerned with the renewal legislation for the Medical Library Assistance Act that will come before Congress for action during its present session.

You may wish to have evidence of some tangible results that were made possible by the Medical Library Assistance Act of 1965. The academic programs of our School of Veterinary Science and Medicine in support of the professional training of veterinarians as well as graduate and postdoctoral training have benefited significantly from the dissemination of biomedical knowledge and information that was made possible by the several facets of the Act as noted below:

1. *Resources.*—Our library and medical illustration unit have had funds awarded through the School for activities in the overall area of "Biomedical Communications" that have resulted in a substantial strengthening of our library's book and periodical collection as well as in the production of some 70 single concept loop films that are of notable value in our teaching activities.

2. *Publications.*—An award was made to our medical librarian, Prof. Ann Kerker, and to the life sciences librarian, Prof. Henry Murphy, that resulted in the publication of *Biological and biomedical resource literature,* a bibliography and guide to the biomedical literature that has had worldwide distribution and acclaim. Approximately 2000 copies have been made available to biomedical libraries and research personnel in all 50 states and more than 40 foreign countries.

3. *Regional Medical Libraries.*—Through our Midwest Regional Medical Library located at John Crerar Library in Chicago we have had access to bibliographic and reference assistance as well as photocopies of materials not in our collection. In turn our library is cooperating in furnishing loans or photocopies of materials unique to our collection.

4. *MEDLARS Search Requests.*—We have received several demand searches for our teaching personnel on the literature of specific subjects. We are also recipients of several recurring bibliographies and other by-products of the MEDLARS system, the value of which in professional time is inestimable.

May I urge your earnest consideration of the renewal legislation for the Medical Library Assistance Act which I feel has had a beneficial impact on the health of our nation through the prompt and effective dissemination of biomedical knowledge and information.

Very sincerely yours,

JACK J. STOCKTON, D.V.M.,
Associate Dean.

PURDUE UNIVERSITY,
SCHOOL OF VETERINARY SCIENCE & MEDICINE,
Lafayette, Ind., April 11, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: As chairman of the Committee on Labor and Public Welfare and its Subcommittee on Health, you will be concerned with the renewal legislation for the Medical Library Assistance Act that will come before Congress for action during its present session.

Our medical library has been one of the beneficiaries of grants that were made possible by the Medical Library Assistance Act of 1965. Through these grants

we have been better able to offer informational support to the academic, research and extension programs of our School of Veterinary Science and Medicine at the professional, graduate and postdoctoral levels. The dissemination of biomedical knowledge and information to this community was made possible by the several facets of the Act as noted below:

1. *Resources.*—The Medical Library and the Medical Illustration Unit together were awarded a "Resources Grant" that has resulted in a substantial strengthening of our library's book and periodical collection as well as in the production of some 70 single concept loop films that are of notable value in our teaching activities.

2. *Publications.*—Prof. Henry Murphy, Life Science Librarian, and I were awarded a publications grant for *Biological and biomedical resource literature,* a bibliography and guide to the biomedical literature that has had worldwide distribution and acclaim. Approximately 2,000 copies have been made available to biomedical libraries and research personnel in all 50 states and more than 40 foreign countries. We have had a second proposal approved but to date not funded for the publication of a much needed bibliography to serve the fields of veterinary and comparative medicine.

3. *Regional Medical Libraries.*—Through our Midwest Regional Medical Library located at John Crerar Library in Chicago we have had access to bibliographic and reference assistance as well as photocopies of materials not in our collection. In turn our library is cooperating in furnishing loans or photocopies of materials unique to our collection.

4. *MEDLARS Search Requests.*—We have received several demand searches for our teaching personnel on the literature of specific subjects. We are also recipients of several recurring bibliographies and other by-products of the MEDLARS system, the value of which in professional time is inestimable.

May I urge your earnest consideration and support of the renewal legislation for the Medical Library Assistance Act which has had a tremendous impact on the health of our nation through the prompt and effective dissemination of biomedical knowledge and information.

Very sincerely yours,

(Prof.) ANN KERKER, *Medical Librarian.*

IOWA

THE UNIVERSITY OF IOWA,
THE UNIVERSITY LIBRARIES,
Iowa City, Iowa, March 20, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: Because of funding from the Medical Library Assistance Act the Medical Library received the following allocations:

	1967	1968	1969
Personnel	$3,566	$5,184	$5,077
Books and journal purchases	12,899	5,634	5,468
Equipment	940	5,280	825
Services	300	350	300
Travel	650	500	300
Total	18,535	16,948	11,970

The Medical Library has participated in the programs authorized by the Medical Library Assistance Act since its inception. The area where the library benefited most was additions to the collection (i.e., nearly $25,000). This was library material that we would not have been able to purchase with local funds.

The library was also able to add 182 sections of standard steel shelving for expansion of the collection and for storage. A clerical position was added to take care of a critical shortage of library staff caused by increased enrollment and greater use of the library.

The library will continue to benefit from a renewal of the Medical Library Assistance Act as it has in the past. Therefore, renewal is urgently advocated.

Sincerely,

ROBERT W. CRYDER, *Medical Librarian.*

(116)

KANSAS

OSAWATOMIE STATE HOSPITAL,
Osawatomie, Kans., March 27, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate.

DEAR SIR: Last year a small Medical Library Resource Grant was approved for our professional library. The grant has been an invaluable asset to the library, both practically and psychologically. It has provided additional copies of texts used in the nursing education classes, for clinical pastoral programs, in purchasing books needed for the continuing education of physicians and has benefited all educational programs of the hospital.

The grant has been very beneficial in helping the library acquire a more complete reference section, which is of prime importance in a small specialized library.

It has been possible through the help of the grant, to hire a part-time library assistant. This enabled us to expand bibliographic and reference services, and to provide improved services for all students of classes being conducted at the hospital and through the universities. Cooperation among libraries, both large and small (including all state institutional libraries), is excellent and material is interchanged freely. During this past year the library has received an increasing number of calls from public libraries in the area, which lack many of the technical books for which they have calls.

The benefits to our hospital library have been immeasurable, and we fervently hope that when the Medical Library Assistance Act renewal legislation comes before the Congress it will pass with larger funding.

Sincerely,

GEORGE ZUBOWICZ, M.D.,
Superintendent.
By HELEN PORTER, *Librarian.*

KENTUCKY

UNIVERSITY OF KENTUCKY,
ALBERT B. CHANDLER MEDICAL CENTER,
Lexington, Ky., April 4, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SIR: I would like to request your support of the renewal legislation for the "Medical Library Assistance Act of 1965" when it comes before Congress later this year. As you know, the legislation expires in 1970 and I feel it of the utmost importance to the nation's health that the legislation be renewed for another five year period.

The U.S. Public Health Service has supported research in the health sciences for many years. Individuals involved in scientific research cannot work to their fullest capability without the support of strong bio-medical libraries and in the past only limited federal monies have been made available to build book and periodical collections for these libraries. It was also a recognized fact that new facilities needed to be built and older ones remodeled and expanded.

The Medical Center Library is just now getting involved in the Regional Medical Library Program and we have great expectations for this type of program in the future. The Regional Medical Library Program will enable us to broaden the level of support we now provide to the health sciences community in Kentucky and help us provide vitally needed material at the local level.

We have been involved with the Resource Program of the Medical Library Assistance Act for the past two years for the purpose of improving our library's resources. It is a simple fact of life that we could not have provided the services we are now providing without the Medical Library Assistance Act. It has enabled us to add two additional people to the staff. We have used a considerable amount of the grant fund for the purchase of books and journals to add to the library's collection. We have been able to begin an audio-visual program which has been received with considerable support from the faculty and students. Single concept films are available for viewing on a self-contained movie projector. The library has also been able to make several gains in its automation program. With funds from the Medical Library Assistance Act we have been able to rent a key punch for the last two years which has enabled us greatly in helping to prepare machine readable data. We have also used part of the funds for travel which has helped our staff in continuing education and in further broadening their knowledge of the health sciences library community. We have found that by concentrating our funds in major program areas of the library that we have been able to make great strides in improving the overall library services to the University in particular and to those in the community who come in contact with the Medical Center Library.

This legislation has been vital to bio-medical libraries and has enabled them to provide important services to the health related practitioners at a time in our country's history when the need to conquer major diseases has never been more important. As the volume of information and knowledge in the health sciences continues to increase it is of utmost importance that any legislation which will benefit medical libraries in helping them keep abreast of these developments is a necessity. Again, I most respectfully urge that you lend your full support to this legislation when it comes before your committee.

Very truly yours,

OMER HAMLIN, JR., *Director.*

LOUISIANA

LOUISIANA STATE UNIVERSITY MEDICAL CENTER,
New Orleans, La., April 15, 1959.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SIR: The library of the LSU Medical Center in New Orleans is now in its third year as a recipient of the support provided through the Medical Library Assistance Act. This has been of great value to us and it is my hope that you will be able to see that this sort of support is continued.

One way that this has helped us is that is has enabled us to obtain materials in the ever increasing area of biomedical information. In addition, this support enabled us to experiment in the area of automation in that we have practically completed a program for the automation of our serials records. This would not have been possible with our normal funding. In addition, I do believe that this funding has caused the University administration to look more kindly upon the importance of the library program after seeing the interest of the Federal government in this area. Any effort that you can use in this direction will be greatly appreciated.

Thank you.

Very truly yours,

JOHN P. ISCHÉ, *Librarian.*

TULANE UNIVERSITY.
RUDOLPH MATAS MEDICAL LIBRARY,
New Orleans, La., April 18, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: We have been the recipient for three years of a medical library resource grant. Our funds have been utilized in adding to our subscriptions, purchasing a ten year file of many of these journals, and installing a teletypewriter for communicating quickly with other libraries. As a result our library has been able to increase our usefulness and services to our faculty, student, residents, practicing physicians, and all paramedical personnel that may have use of our facilities. Our interlibrary loans to other libraries have increased enormously until it has become one of our most important service responsibilities. A loss of these funds would mean a sharp cut back in our ability to serve smaller libraries, and a drastic reduction in our subscriptions, and other resources. The result would be much less health science literature available to our patrons who have need of our resources. I trust you will give serious consideration to this request to continue this program.

Sincerely yours,

W. D. POSTELL, *Librarian.*

LOUISIANA STATE UNIVERSITY,
MEDICAL CENTER,
New Orleans, La., April 25, 1969.

Senator RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: I am writing to appeal for your support of the Medical Library Assistance Act. Although a university is more than "a collection of books", the value of the printed word cannot be overestimated. A library is a priceless treasure and an investment of funds from any source is more than repaid in increased educational opportunities.

Sincerely yours,

ROLAND A. COULSON, Ph. D.,
Associate Dean for Graduate Studies.

LOUISIANA STATE UNIVERSITY
MEDICAL CENTER,
New Orleans, La., April 24, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: I am asking your support in renewing the Medical Library Assistance Act, presently before the Committee. I believe you are well aware of the fact that this has been a tremendous help to the Medical profession in obtaining libraries for the present and for future use. The students today have great demand for the vast amount of information that is made available to them, not only in lectures, but for library research and reading material that will make them better health professionals.

I am happy to inform you that we are presently building a new dental school here at Louisiana State University and we hope to have a first class Medical library as part of this complex.

Your assistance in getting approval of the Medical Library Assistance Act will be greatly appreciated.

Sincerely,

EDMUND E. JEANSONNE, D.D.S., *Dean.*

ALTON OCHSNER MEDICAL FOUNDATION,
New Orleans, La., March 26, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: This letter is written to request your support for the renewal of and larger funding for the Medical Library Assistance Act.

The library of the Alton Ochsner Medical Foundation is now in its third year of benefit from the award of a small resource grant under the act. Ours is a small library with a limited budget, but with the grant we have been able to expand our equipment facilities to include a photocopy machine and a second typewriter to accommodate increased personnel. The photocopy machine has been especially useful in providing material to our staff and residents. Also, we have on quite a few occasions furnished copies of articles to Ochsner residents who are taking part of their training elsewhere, as well as to former residents who request loans of our materials.

Since the library budget is not such as to allow for the purchase of as many medical journals as are needed, it is felt that good abstracting journals are necessary. The grant has enabled the library to provide these abstracting journals.

The Alton Ochsner Medical Foundation is steadily expanding the graduate education programs. Additional funds from grants would be most helpful in aiding the library to give increased service commensurate with such expansion, and we urge your support when consideration of renewal legislation for the Medical Library Assistance Act becomes a reality.

Yours very truly,

WILLIAM H. MCFARLAND,
Administrator.

MAINE

MAINE MEDICAL CENTER,
Portland, Maine, April 15, 1969.

Hon. RALPH YARBOROUGH,
Committee on Labor and Public Health,
U.S. Senate.

DEAR SENATOR: In your Committee's review of the Medical Library Assistance Act, it is hoped that you will recommend highly the renewal and continued support of this important and beneficial act.

The Maine Medical Center was fortunate enough to have received financial assistance under the terms of this legislation and such has meant much not only to our Medical Library, but, also, to physicians throughout the entire State of Maine. Not having any medical school with its accompanying medical library anywhere in the State, as the major referral hospital and the major teaching institution in Maine, the Maine Medical Center found itself hard pressed not only to serve its own requirements in this direction, but, also, to meet the needs of the other hospitals and physicians throughout the State.

As a result of the grant received under the Medical Library Assistance Act, though, major improvements in our service have been made. These have been not only in the area of expanding our holdings greatly, but, also, in the matter of training people to function as librarians in other hospitals and serving as a referral center for other hospitals and physicians. Everyday, now, requests for library service are received from throughout the State. Prior to this time, these people had nowhere to turn for this type of service.

This act has meant much to us here in Maine and we request urgently that you look with great favor upon continuing this worthwhile legislation.

Very truly yours,

J. EDWARD SWEET, Jr.,
Associate Director.

MARYLAND

WILLIAM H. WELCH MEDICAL LIBRARY,
JOHNS HOPKINS UNIVERSITY,
Baltimore, April 17, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

MY DEAR SENATOR YARBOROUGH: It is both a privilege and pleasure for me to add my support to the forthcoming renewal legislation of the Medical Library Assistance Act. I personally know that all of the major medical libraries in the country have benefited from the original Act through its support of medical library resources. The Welch Medical Library has been able to convert some of its records to computer management as a direct result of this kind of support.

Perhaps the most fruitful support the Welch Medical Library has received from this legislation was the inception of the Training Program in Biomedical Librarianship. As a direct result of this training program one of its first trainees is now acting director of a large medical school library in New Mexico. Another is head cataloger of a large medical school library in Florida. Two current trainees finishing their program this summer have been appointed to administrative positions in large medical school libraries as well.

Unless this legislation is renewed it will be impossible to continue to improve the status of medical libraries in the country. It is of paramount importance that Congress take the necessary action to assure the continued support of this program.

Very truly yours,

ALFRED N. BRANDON,
Director/Librarian.

MASSACHUSETTS

TUFTS UNIVERSITY,
Boston, Mass., March 31, 1969.

HON. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SIR: The Medical Library Assistance Act (MLAA) has been instrumental in our uphill battle to maintain a library resource which even today barely meets the rudimentary needs of a medical center. Our relative poverty in terms of institutional funds for library basic materials and facilities has dictated the channeling of all funds received through MLAA into physical improvement: we specifically applied to the MLAA authorities for such approval, which was granted. Support provided through the farsighted provisions of the Act have been judiciously used to construct a circulation counter, purchase desperately needed furnishings, and undertake limited refurbishing of the general library area. We regret that we have found it impossible to take full advantage of the progressive and flexible MLAA guidelines, but purely physical needs demanded our immediate and positive action.

We sincerely hope that supplemental support will be forthcoming from the federal section, since it is blatantly obvious to those most intimately involved in the health informational sciences that present levels of funding, while gratefully received and carefully used, are inadequate to bridge the growing gap generated by the increasing demand upon library resources and the contemporaneously diminished ability to serve as a resource. Increasing across-the-board expenses and the diminishing significance of support from private sources, i.e. alumni and university, couple with alarming results.

To put our particular plight in perspective, the Tufts Medical and Dental Library serves a minimum population of 450 medical students, 425 dental students, 100 graduate and predoctoral candidates, and over 1,200 faculty, all located in the schools and the adjacent T–NEMC hospital complex. Yet, according to standards set by the Medical Libraries Association and the Association of American Medical Colleges, *our resources are inadequate for the medical students alone.* The library complex occupies a single floor, has virtually no duplication equipment, an extremely limited audio-visual arrangement, no staff work areas or student lounges, and one-tenth the number of study carrels recommended by Medical Library Association.

Both the AAMC and the MLA agree that something in the order of 30,000 square feet of space is mandatory to efficiently serve our medical classes: our medical and dental undergraduates considered together merit facilities of 40,000–50,000 square feet, according to the same sources. But in matter of fact, we currently serve over 2,000 people in the health related professions with some 7,000 square feet of library space.

In an educational atmosphere characterized by an aggressive spirit of scientific inquiry, we are fettering students and faculty with a totally inadequate information reservoir.

We urgently need a broader representation of scientific serials, additional carrels with provisions for input of audio-visual, TV, and CAI devices, to meet our existing needs. Within a short time, we have to seriously consider major construction and the practicability of providing our audience with sophisticated and efficient mechanisms, e.g. on-site teleprinters directly hooked into the MEDLARS, regional library and computerized intra-library information retrieval devices. Our staff of 11 overworked and dedicated persons versed in the library sciences are in the untenable position of coping with a work load which, according to the Medical Library Association, merits an additional 13 full-time persons. Our meager serial collection, despite some improvement since the MLAA was activated, acts in a diabolical synergism by reducing the effectiveness of our staff: requests for materials which could be handled by most libraries—but which we are unable to satisfy—have to be referred to the regional library, entailing more paperwork and reducing the effectiveness of our already harried personnel.

Our wholly inadequate information system notwithstanding, we have managed over the years to produce graduate physicians and dentists whose achievements are far above the norm. This, I think, is a measure of the faculty's energy and the students' will to succeed in spite of the educational albatross we have hung around their neck. But even the most dedicated student and teacher cannot hope much longer to be able to successfully maintain a level of excellence within this primitive framework.

If we are earnest in our desire to help students acquire even the basic skills of their profession, we have to take positive action to eliminate a situation where it is not uncommon to find 30 students looking for a particular journal of which we have but three copies with no facilities to efficiently duplicate the required material and grossly inadequate space for the students to sit and pore over the material, assuming such material was available.

The health information sciences are now recognized as a vital limb in the body of health education. If, however, we delude ourselves into thinking that we can maintain and eventually improve the health professions by committing ourselves to the same levels of support, or worse yet, offering only lip service which relegates such concepts as MEDLARS and EDUCOM into the world of acronyms, the quality of health professional training will be victimized.

A sensitivity to these basic problems and is translation into grass roots action in terms of new construction and acquisition of education materials—to mention but a few needs—is encumbent on those who have any stake in the health of the nation.

Sincerely,

EDWARD P. LEAVITT,
Medical-Dental Librarian.
WILLIAM F. MALONEY, M.D.,
Dean.

BOSTON STATE HOSPITAL, MEDICAL LIBRARY,
Boston, Mass., March 26, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senator.

DEAR SENATOR: The Medical Library Assistance Act legislation is due before Congress. As soon as the date has been set, I would like to present this testimony in favor of larger funding for Medical Libraries.

Many of the smaller Medical Libraries are in need of resource grants for book purchases to satisfy its needs and services. These grants have not been available due to priority of Regional Medical Libraries. Librarians, in these libraries with 10,000 or less volumes, need this assistance from the Medical Library Resource Grants for research and development, particularly in the Behavioral Sciences.

Honorable Yarborough, I hope you will do all in your power to renew legislation and increase the funding of the resource grants of the Medical Library Assistance Act.

Respectfully yours,

JEAN LARGEY, C.L.,
Medical Library.

THE WORCESTER FOUNDATION
FOR EXPERIMENTAL BIOLOGY,
Shrewsbury, Mass., April 17, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: We wish to express our interest and concern in support of legislation for renewal of the Medical Library Assistance Act. The library or technical information center is one of the most essential units of any institution involved in research in the health sciences. Libraries must be retooled and people trained so that all the advances in library science and information retrieval can be effectively put into operation to help scientists find the published material important to their work.

The Worcester Foundation for Experimental Biology has recently had funds from the National Science Foundation for building a new library. We have not had any funds obtained through the Medical Library Assistance Act. However, we currently are planning to submit a request for funds under their program to sup-

port our efforts to develop our library into an information center, and to develop new information services for the scientific staff. After a long search, we have added a well qualified person to our staff to head our library and initiate new programs. Industrial laboratories invest large sums of money in their information centers because they realize the tremendous benefit to the scientists of rapid and efficient information alerting and retrieval services. Funds available under the Library Assistance Act would be critical to nonprofit research institutions such as ours for developing services for the various groups of scientists working here in highly specialized areas of research. We feel that the Worcester Foundation represents an ideal situation for developing increased library and literature services which might then be a helpful guide to other laboratories.

Sincerely yours,

MASON FERNALD,
Executive Director.

BOSTON UNIVERSITY MEDICAL CENTER,
Boston, Mass., April 7, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Senate Office Building, Washington, D.C.

DEAR SENATOR RALPH YARBOROUGH: The Medical Library Assistance Act has been of immense value to medical schools in this country. It is literally true that without the assistance that our institution received, it would literally have been impossible for us to have operated our new medical library. Medical libraries, in my opinion, are the key educational resource of any medical school. It has a great educational value, not only to medical students, but particularly to graduate students, faculty, and house staff of the associated medical centers.

We certainly would not have been able to build our new medical school library without Federal construction money.

Sincerely,

FRANKLIN G. EBAUGH, Jr., M.D., *Dean.*

THE FRANCIS A. COUNTWAY LIBRARY OF MEDICINE,
Boston, Mass., May 14, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: We medical librarians are conscious of the fact that renewal legislation for the Medical Library Assistance Act of 1965 (P.L. 89–291) will be coming before Congress soon. We feel that renewal of the Act and, indeed, increased funding are essential to the continuing effective dissemination of biomedical information to health scientists in this country. I hope that I can give you some examples of how funds provided by the Medical Library Assistance Act have concretely benefited the health science community served by the Countway Library, namely the health scientists of Harvard University, all physicians in the Commonwealth of Massachusetts, and as you will see later, all health scientists and practitioners in the six New England states.

The Countway Library has received funds from two parts of the Assistance Act: a Resources Grant and a Regional Library Grant. With Resources Grant funds we were able to strengthen our library resources and to make our resources more available to the health community in the following ways:

1. We mounted a project to merge and improve the records of periodical sets belonging to the Harvard Medical Library and the Boston Medical Library, the two institutions which came together in the Countway building in 1965. This unparalleled collection of biomedical periodicals is now, for the first time, in efficiently retrievable order on our shelves and is keyed to records which accurately describe our holdings.

2. We completed the programing effort necessary to produce a computer-printed list of health-related periodicals in the Countway Library from the above-mentioned records. This immensely valuable holdings list of Countway's 17,000 periodical titles has subsequently been made available to all health-science libraries in New England.

3. We hired an Oriental Language Cataloger to initiate a program of acquisition and cataloging of materials from mainland China and to catalog and process our

valuable but unprocessed backlog of materials in the Chinese, Japanese, and Korean languages.

4. We hired a Slavic Language Cataloger to process a large and unique collection of Slavic materials and to keep up with our ongoing program of acquiring these materials.

5. We purchased backfiles of ninety periodical titles. These costly files were identified as the most urgently needed lacunae in the Library's collection through a study of requests from our health community.

None of these projects could have been completed or even begun in the context of the Library's regular sources of income.

The Countway Library was designated in 1967 as the country's first Regional Medical Library, serving the six New England states. This designation by the National Library of Medicine followed on a long tradition of library service to the general community by the two component parts of the Countway Library. The Regional Library Grant, however, provided funds for the first time to enable us to attack the problem of regional service in a creative and realistic way.

Our basic goal has been to equalize the opportunity for medical library services between the health science practitioner at a distance from a large medical center and his counterpart who, by accident of geography, works in or near such a center. The focus in this endeavor is the community hospital—the single agency which can act universally as a local learning center, center for continuing education, and center for library service.

To this end we have supported the development of a Core Medical Library for community hospitals, a basic minimum standard collection which is financially within the reach of every hospital library in New England. (This list appeared in the *New England Journal of Medicine* on February 27, 1969, and is receiving wide acceptance.) Consultation from the Countway Library to hospitals in the region has been made available to aid in the solution of a variety of library problems. An educational program, designed to teach untrained persons to become effective hospital library supervisors, has been initiated.

Communication channels have been optimized: a monthly *Newsletter* listing Countway acquisitions and news of interest in the region reaches 20,000 health scientists. Wide Area Telephone Service (WATS) and Teletypewriter Exchange (TWX) have removed the subtle communication barriers of long distance telephoning.

The Countway provides rapid loans of library materials needed in hospitals but not in their collections. Regional reference librarians ferret out answers to questions posed by health scientists in the region.

This program, made possible only through the Medical Library Assistance Act, has had a visible impact on the provision of medical library services in New England and, thereby, on efforts for the continuing education of health professionals.

We sincerely hope that you will agree with us as to the importance of these exciting programs and will lend your support to renewal legislation.

Sincerely,

HAROLD BLOOMQUIST, *Librarian.*

THE LIBRARY, SPRINGFIELD HOSPITAL MEDICAL CENTER,
Springfield, Mass., May 21, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR MR. YARBOROUGH: It has come to my attention that renewal legislation concerning the Medical Library Assistance Act will be coming before Congress possibly this Spring. I am writing to you both as a librarian who has had a small Resource Grant for our Hospital Library, and as a member of the Advisory Committee for the New England Regional Library Service at the Francis A. Countway Library of Medicine. I would urge that you consider this legislation for renewal; in fact I would strongly encourage that funding be increased if possible, for much of the past three years have been spent in "Tooling up" for the job and the future needs additional support to see our dreams brought to fruition.

Funds under the original Act were advanced for the purpose of "Disseminating among health scientists and practitioners the ever increasing volume of knowledge and information which has been developed in the health science field." As a librarian in a Community Hospital, which has developed during this same period into a Community Hospital Medical Center, I must report that the support we have received from NERMLS for our medical education programs and research currently being followed in our hospital has been great. In a recent four month period we turned at least once a day to Countway for materials our physicians needed after checking local college library resources.

Through our Resource Grant we are strengthening our collection, particularly in reference tools that will help us locate the needed informational material that health science workers in Western Massachusetts will need to bring better health to the Connecticut Valley. We are also encouraging hospital librarians, physicians, and hospital administrators to utilize the materials that are held in our own area by improved communications regarding available materials. A Union List of Serials of the Greater Springfield Area, presently being processed by our Data Processing Department, should improve researchers' awareness of what is held in our local libraries (public, college and special) that can assist them in their work. However local holdings can never be adequate without generous cooperation from libraries such as Countway.

As a member of the Advisory Committee for NERMLS I am fully aware of the important role they had with Dr. Norman S. Stearns, M.D. from the Postgraduate Medical Institute in their combined efforts to strengthen community hospital libraries. The "Core Library" for community hospitals is a small basic collection of books for busy practitioners and within financial reach of all hospitals. Their Training Institute for the library supervisors chosen to supervise these experimental "Core Libraries" is a first in the field, and one that should prove most valuable to many doctors in communities miles from medical centers or universities.

It is not only the non-professional trainee that is looking toward NERMLS but academic libraries, large hospital libraries and society libraries too are looking toward Countway to assist in developing new technologies that will improve service in their institutions.

One of our staff doctors who has been doing research in the area of cryosurgery of skin cancer under a Federal Grant, Dr. Setrag Zacarian in his book entitled "Cryosurgery of Skin Cancer and Cryogenic Techniques in Dermatology" acknowledges the assistance our library gave in securing his many references that supported his research. I must in turn bring to your attention that this support was possible from our library because of the generous sharing of resources to us from the vast collection at Countway and the services that it affords the physician in the New England area through NERMLS.

Please give the continuation of this Act your careful consideration and recognize how important it is to increase funds in view of the ever increasing cost of materials and personnel. The original Library Assistance Act was the "good seed money", while the effective planting is just starting to develop. If we discontinue support now it would be like a killing drought before the "plants" are ready to reach with strong roots for their own water.

Regional Libraries must be supported and so must the Resource Funds for the smaller supporting collections, for one without the other, will never get the material into the hands of the health workers you are depending upon.

Respectfully,

(Mrs.) JEAN SCOUGALL,
Director of Library Services.

NEW ENGLAND REGIONAL MEDICAL LIBRARY SERVICE,
June 3, 1969.

Hon RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SIR: Renewal legislation for the Medical Library Assistance Act of 1965 (PL 89–291) will soon be coming before Congress.

I understand that the Librarian of the Countway Library has described to you in some detail the important activities we have been able to perform, and the services that we have been able to provide to New England Medicine, as a result of funds received under PL 89–291.

As the Department Head charged with the responsibility of administering the Regional Service program, I have been made aware of the benefits that the Service has brought to health professionals. I think particularly of those who live and work at some distance from urban centers and who have great difficulty securing the bibliographical material they need. If only for their sakes I urge your support for renewal legislation.

I am, Sir,
Sincerely yours,

T. MARK HODGES,
Director, NERMLS.

MICHIGAN

DETROIT OSTEOPATHIC HOSPITAL CORP.,
Detroit, Mich., April 9, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

It is my understanding that hearings are soon to be conducted on the feasibility of reviewing the Medical Library Assistance Act of 1965 (PL 89-291). I am taking this opportunity to write to you in support of renewal of this legislation which has contributed significantly to the dissemination of knowledge and information among health scientists and practitioners—the purpose of the Act.

We are fortunate to be the recipient of a Medical Library Resources Grant. I would like to briefly describe what these funds have meant in advancing the purposes of this Act.

This Corporation is responsible for the performance of three hospitals, in the Greater Detroit area, with a total professional staff of 574, 67 residents representing all of the medical and surgical specialties, 36 interns and 13 student physicians. A centralized library services the needs of this professional staff in addition to nursing and other allied health professionals. There is a broadly based Corporate Advisory Committee on Library which establishes policy for administration of the grant.

In the past two years, the grant has enabled us to:

1. Purchase 366 monographs and texts;
2. Improve accessibility to the expanded collection by developing a union catalog for the three hospitals;
3. Conserve shelving space by binding journal titles;
4. Purchase a Mark IV Fairchild projector for single concept loop film; some "software" for the projector;
5. Coordinate library services.

I think you would also like to know that our expenditures for the library in fiscal 1968 were $38,381, exclusive of the resources grant; in the three fiscal years preceding our grant application (fiscal 1963, 1964 and 1965) our expenditures totaled $28,992. Circulation of our collection has quadrupled and borrowing from other institutions has decreased significantly. These changes are indicators that grants made possible through P.L. 89-291 have indeed advanced the purposes of the legislation.

In closing may I urge that you support renewal of the Medical Library Assistance Act? Thank you.

Sincerely yours,

STUART F. HARKNESS, D.O.,
Director of Medical Education.

MINNESOTA

STATE OF MINNESOTA,
DEPARTMENT OF PUBLIC WELFARE,
Minnetonka, Minn., March 30, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: The State of Minnesota has been the recipient of a federal grant for a centralized health science library to serve the 7,000 employees of the Department of Public Welfare, mental health centers, and county welfare departments. It is located at Glen Lake State Sanatorium in suburban Minneapolis.

Each state institution maintains its own basic collection, and has a librarian who provides service to both staff and patients. Requests for material not found in the local collection are sent to the centralized library which has the requisite indexes and abstract journals for locating all types of material. Virtually all interlibrary loans are filled through the University of Minnesota libraries.

We have compiled a union list of the book holdings of the state institutions, and are in the process of preparing a similar list of our periodicals. Photoduplicated copies of the table of contents of all recent acquisitions are circularized. Every effort is made to keep professional workers aware of current publications, and this has resulted in better coordinated efforts in regard to treatment and research programs.

This practical kind of library service has brought many expressions of appreciation from all parts of the state, and particularly from rural areas where technical and scientific library resources have been unavailable. Since we are using existing facilities and personnel, this program is able to operate economically.

We are very grateful to all who have made it possible to provide information to many workers in the health field to whom this would otherwise be unavailable.

Sincerely,

MILDRED T. MOODY, Ln.,
DPW Medical Library.

MAYO CLINIC,
Rochester, Minn., March 19, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SIR: The Medical Library Assistance Act renewal legislation will be coming up before Congress soon. I do hope you will do what you can for medical librarianship since it is so important for the health and welfare of the American people.

Our library has benefited in many ways by the grant we have received. It has allowed us to offer much better library service to our 1200 physicians. I am sure that this is true of all libraries that have received federal assistance.

Very truly yours,

THOMAS E. KEYS.

MAYO CLINIC,
Rochester, Minn., March 19, 1969.

Hon. HARLEY STAGGERS,
House of Representatives,
Washington, D.C.

DEAR SIR: The Medical Library Assistance Act renewal legislation will be coming up before Congress soon. I do hope you will do what you can for medical librarianship since it is so important for the health and welfare of the American people.

Our library has benefited in many ways by the grant we have received. It has allowed us to offer much better library service to our 1200 physicians. I am sure that this is true of all libraries that have received federal assistance.

Very truly yours,

THOMAS E. KEYS.

NORTHLANDS REGIONAL MEDICAL PROGRAM, INC.,
St. Paul, Minn., March 25, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,

DEAR SENATOR YARBOROUGH: This letter is written to call your attention to the urgent need of supporting renewal of the Medical Library Assistance Act which will be coming up for renewal sometime this Spring.

The Medical Library Assistance Act has made it possible to disseminate the medical information resulting from the billions of dollars spent on medical research right down to the grassroots level. For the first time, health professionals in rural areas are being offered medical library and information service which will enable them to introduce the latest advances in medicine as found in published medical literature in their treatment of pateints.

Medical information is being disseminated to more health professionals, more frequently and in a much faster manner than was the case before the Medical Library Assistance Act was in effect.

In Minnesotain the Biomedical Library at the University the Medical Library Resource Grant has resulted in great improvement of the service and in the collection on which the service is based. The development of the periodicals collection, the automation of procedures for gaining access to cumulated lists of new periodical arrival lists daily, the installation of a teletypewriter for the rapid transmission of interlibrary loan communications—these three improvements have become possible because of the Medical Library Assistance Act. The Biomedical Library is the primary source used by more smaller libraries and health professionals in this state. It serves as a "backup" for these libraries and as a relay station to other key medical libraries out of state, including the new Midwest Regional Medical Library in Chicago which is now offering free photostatic articles to libraries and health professionals in five states, including Minnesota. Regional medical libraries were created through the Medical Library Assistance Act—and, even though still developing—have already proved to be an essential link in a biomedical communications network which stretches from the National Library of Medicine throughout each region in the nation.

State hospital libraries have also benefited from the Medical Library Assistance Act in Minnesota. Grants have made it possible for 15 state hospital libraries to coordinate their interlibrary loans within and outside their own system and develop their periodical and bibliographical collections so that the quality of service to medical and paramedical staff serving patients in these hospitals has improved tremendously.

In order to assure that all citizens—no matter where they live—will obtain the best possible patient care we need to increase the medical library and information service available to all practicing medical and paramedical personnel. These health professionals must have access to the latest results of medical research in order to practice quality medicine.

In essence, support of extending the Medical Library Assistance Act is truly a matter of life or death. Your support of this bill will make it possible to continue the development and extension of medical library service to every area of this nation.

Sincerely yours,

MARY JANE RYAN, Ph. D.,
Liaison Librarian.

UNIVERSITY OF MINNESOTA,
St. Paul, Minn., March 26, 1959.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

Dear MR. YARBOROUGH, The Veterinary Medicine Library of the University of Minnesota has received, through the Medical Library Assistance Act, funds which enable it to extend the open hours of the library from 70 to 82 hours per week-thus, making its resources more available to students and staff. Through the help of the grant, the staff has been informed on a monthly basis of all new acquisitions.

Our grant is small, but it enabled us to start the subscriptions to much needed journals. The payment for these journals has now been undertaken by the library. The amount of our grant has been reduced so that now it only covers part of the salary of a library assistant who makes it possible to extend library hours as

noted above. Should this be taken from us, we would have to cut back on weekend and evening hours since library budgets have been cut throughout the university.

From our first year and largest grant, we purchased a microfiche reader. The College of Veterinary Medicine purchased a microfilm reader for the library. There are many other similar needs-specifically, one is for a study facility containing audio-visual equipment.

The establishment of the Midwest Regional Medical Library has already proved a boon to this library. We have drawn on its facilities several times for material not available here. Continued support of this facility is very important to us.

Please be assured that your support of the renewal of the Medical Library Assistance Act is necessary to the continuance of good service in Public Health Libraries such as ours at the College of Veterinary Medicine, University of Minnesota.

Sincerely,

(Mrs.) Evelyn Raynolds, *Librarian.*

MISSOURI

THE GREATER KANSAS CITY MENTAL HEALTH FOUNDATION,
Kansas City, Mo., April 2, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate.

DEAR SIR: As a consumer of health and mental health information, I have been greatly aided by a project called "Selective Dissemination of Information". This project was funded by the National Library of Medicine under the Medical Library Assistance Act of 1965.

The Missouri Institute of Psychiatry, the grantee, has functioned for me as a scanner of a large number of journals. On the basis of my interest profile, they have selected articles directly relevant to my special interest.

I consider projects such as this as a constructive response to the most vexing problem of information overload, and would appreciate your support and consideration for projects of this nature when the program will be reviewed by your committee.

Sincerely,

ROBIJN K. HORNSTRA, M.D.,
Director of Research.

WASHINGTON UNIVERSITY,
St. Louis, Mo., April 9, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: I am writing in support of the Medical Library Assistance Act renewal legislation, which will be coming to the Subcommittee on Health of the Committee on Labor and Public Welfare in the very near future.

In my capacity both as Vice Chancellor for Medical Affairs of one of the largest private medical centers in the midwest and as former Director of the Bi-State Regional Medical Program, I know how important this Act has been in helping to bring the ever-increasing volume of health-science knowledge to practitioners, to research biomedical scientists, and to the present students of these fields, who will be the practitioners of the future.

Both our Medical and our Dental Libraries have benefitted from grants under the Medical Library Assistance Act. The Dental Library has been able to re-catalog its collection, using new mechanical means, and to enter the information into a computer-list of all material held in the Medical Center.

Our Medical Library has been in the forefront of those developing automated systems for libraries, and has been able, using a Training Grant under the Medical Library Assistance Act, to train a number of health sciences librarians each year to go out to other installations and become a center for further development and training in this important field. One result of this is that our Medical Library acts as Manager of an eight-state Central States Regional Medical Library group for a computer-based Union List of journals, from which patterns of interlibrary loan borrowing can be strengthened. This, in turn, as you are aware, makes it possible to share regional and national resources for the benefit of all citizens.

Because of this financial aid, also, our Medical and Dental Libraries have been able to participate actively in planning for and carrying out the objectives of continuing education of practitioners under the Regional Medical Program. They have held workshops for untrained hospital librarians, written texts for them, arranged for increased loans, and provided for consulting services from large biomedical libraries to smaller ones.

As a physician myself, I know how important this work is and how often it is unrecognized. I hope that you will enthusiastically support the renewal of the Medical Library Assistance Act of 1965, and that when budgets are proposed you will lend your weight to seeing that the appropriations match the needs and the benefits.

Yours sincerely,

WILLIAM H. DANFORTH, M.D.,
Vice Chancellor for Medical Affairs.

STATE HOSPITAL No. 1,
Fulton, Mo., March 22, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SIR: It has been brought to my attention that the Medical Library Assistance Act of 1965 is currently under consideration for renewal.

The Selective Dissemination of Information (SDI) Project conducted by the Missouri Institute of Psychiatry has been a recipient of funds from this Act. As a participant in the SDI project I would like to very strongly endorse the excellence of this program and the fine manner in which it has been handled. It would be impossible for me as a practicing clinician to keep abreast of the many pertinent developments in my own professional area without the assistance of such a program.

I would strongly recommend your endorsement concerning the renewal of the Medical Library Assistance Act.

Sincerely yours,

SHAHE ZENIAN, M.A.,
Clinical Psychologist.

STATE HOSPITAL No. 1,
Fulton, Mo., March 25, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare
U.S. Senate

DEAR SIR: It is my understanding that the Medical Assistance Library Act of 1965 will soon be considered for renewal legislation. I am writing to you to emphasize the value of this legislation and how it has benefited a large number of people in the mental health field in the State of Missouri.

The funds which were made available through the Medical Library Assistance Act has enabled the Missouri Institute of Psychiatry to develop a program disseminating reprints of articles of interest to its participants who are employees of the Division of Mental Diseases. Basically, this service scans hundreds of publications for each participant and selects the articles in which the participant has expressed an interest. The final product for the participant is a reprint of the article for the participant's use.

Through my own participation in this service I have had numerous articles made available to me which, otherwise, I would not have even been aware of because of the virtual impossibility to see all of the literature. The literature which has been made available to me has, in my particular areas of interest, greatly expanded my ability to keep informed of current research and practice as well as current legislation and judicial decisions affecting the field of mental health.

Respectfully submitted,

D. JAMES BOOTH, M.S.W.
Psychiatric Social Worker II.

ST. LOUIS STATE HOSPITAL,
St. Louis, Mo., March 20, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate.

DEAR SIR: I would like to add my testimony to those who feel strongly about the benefits derived from the Medical Library Assistance Act of 1965.

As a psychiatrist, I find myself increasingly involved in matters beyond those in immediate relation to my patients. Only increasing library material and resources will permit adequate care of the patient and the community.

I remain,

Yours faithfully,

GERALD M. ABRAHAM, M.D.

UNIVERSITY OF MISSOURI-COLUMBIA,
SCHOOL OF MEDICINE,
St. Louis, Mo., March 27, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate,
Washington, D.C.

MY DEAR SENATOR YARBOROUGH: I understand that the Medical Library Assistance Act of 1965 is coming before Congress soon for renewal legislation. I would like to strongly urge that you give your greatest support to this legislation. Through the Missouri Institute of Psychiatry Library, which received a research grant under Category 6 of that Act, I have benefited considerably in my work. In pursuing research in mental disorders, one of the greatest problems is staying abreast of the current literature and it was through this project that a new technique was developed.

Additional research in information handling is important and I feel it should be supported under the Medical Library Assistance Act.

Sincerely yours,

TURAN M. ITIL, M.D.
Professor and Associate Chairman,
Department of Psychiatry,
Chief, Section of Psychopharmacology.

CENTRAL MISSOURI STATE COLLEGE,
Warrensburg, Mo., March 26, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate.

DEAR SIR: As a direct recipient of the benefits derived from the S.D.I. as funded by the National Library of Medicine under the Medical Library Assistance Act of 1965, Category 6, Research and development in medical Library science, I would like to heartily endorse the project. The purposes of this act, to demonstrate research related to the health sciences for the practitioner, have been greatly facilitated due to the workings of this project.

Your continued support would be greatly appreciated.

Sincerely,

WALTER J. PEACH, Ph. D.,
Special Education Dept.

ST. LOUIS STATE HOSPITAL,
St. Louis, Mo., March 27, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

DEAR SIR: I understand that the Medical Library Assistance Act of 1965 will be coming before Congress soon for renewal legislation. As a beneficiary of this Act, through the Missouri Institute of Psychiatry SDI Project, I would like to urge you to give it your fullest support. I am an active worker in the mental health field, involved in both applied and research endeavors, and I have found the SDI Project services invaluable. For the first time in many years I am able to keep up with the scientific publications in several areas, and on an international basis. Without this service I would simply be unable, in terms of time, to do the same kind of broad and thorough coverage of our scientific literature. The system of topic scanning being used in our particular research project, has also provided me with references which I would not have found using the conventional abstracting services of my own particular professional association. Again, I urge you to support renewal and increased funding of the Medical Library Assistance Act. Our libraries are basic necessities for our continuing and increasing effectiveness in our fields. Their degree of usefulness, however, depends on their ability to disseminate their information among the relevant scientists and practitioners.

Thank you for your attention.

Sincerely,

(Miss) RONOLEE HENDERSON, M.A.,
Clinical Psychologist.

KANSAS CITY, MO.,
March 26, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: As a recipient of benefits from the S.D.I. Project, funded by the National Library of Medicine, I want to state my appreciation of the merits of this program. It is of great assistance in getting pertinent data quickly in a variety of fields—medical, sociology, etc. and I have found it of great benefit.

Very truly yours,

(MRS.) MARY JANE SWAIN.

MID-MISSOURI MENTAL HEALTH CENTER,
Columbia, Mo., March 25, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate,
Washington, D.C.

DEAR SIR: For over a year now I have been a regular user of the library services through the S.D.I. Project of the Missouri Institute of Psychiatry. I would like to make a rather specific endorsement of this service for the following reason: As a child psychiatrist who teaches, provides services to the community, does research, and has certain administrative responsibilities, my need to keep abreast of the experiences of others as well as their research findings is made possible only through such a service. As you well know, there is truly a knowledge explosion and it is veritably true that only a computer can help me cull the pertinent material which I need to know and be able to apply in my work.

The services provided through the S.D.I. Project at the Missouri Institute of Psychiatry has been effective and I would certainly look forward to it's being continued. Therefore, I would appreciate your considering favorably the renewal of the Medical Library Assistance Act of 1965.

Sincerely yours,

FERNANDO TAPIA, M.D.,
Professor of Psychiatry,
Chief, Section of Child Psychiatry,
Director, Children's Service.

ST. LOUIS STATE HOSPITAL,
St. Louis, Mo., March 28, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate,
Washington, D.C.

HON. RALPH YARBOROUGH: As a participant of the S.D.I. project at the M.I.P. Library in St. Louis, Missouri, I would like to extend my hope that this project be continued.

It has been valuable in making information readily available.

I do hope it can continue and also be expanded.

Sincerely,

Mrs. PATRICIA HALL, R.N.,
Education Director, Nursing.

UNIVERSITY OF MISSOURI—COLUMBIA,
SCHOOL OF MEDICINE,
St. Louis, Mo., March 25, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

MY DEAR SENATOR: Participating in the Missouri Institute of Psychiatry Selective Dissemination of Information Project has truly been of great benefit to me. The time and money this project has saved me is inestimable. For the first time in my professional career it was possible to have at my fingertips in-

formation covering many medical and scientific areas that were current, discriminating, available, and necessary in my work. Previously, long hours would have been required to search out materials, then read voluminous items, articles, journals, books, etc. to determine if they contained the information I needed or desired, and frequently would have to canvass many libraries and book stores for all this material.

This project was invaluable to me in working on a research project as it became my main source for locating resource materials.

This project has enabled me to keep informed on what is being published that would be helpful or of interest to me professionally. I have become much more knowledgeable in my field since being an SDI participant. I sincerely hope this revolutionary, time saving, worthwhile project becomes a permanent part of our institutions.

Very truly yours,

TYLER M. PERSON,
Social Work Research Assistant.

UNIVERSITY OF MISSOURI,
SCHOOL OF MEDICINE,
Columbia, March 21, 1969.

Hon. RALPH YARBOROUGH,
Chairman,
Committee on Labor and Public Welfare,
U.S. Senate.

SIR: This letter is to indicate my appreciation of the very important help given me by the SDI Project through the Institute of Psychiatry library. It is impossible to gather all the pertinent information from the multitude of journals, books, reviews, etc. which are proliferating at a rapid pace and the selective dissemination of information such as was provided by SDI is a most worthwhile project. I feel very positively that any funds spent to promote and further this type of development is money well spent since it saves countless hours of research for individual members who are subscribers. I endorse renewal of funding for the Medical Library Assistance Act of 1965, Category 6, Research and development in medical library science.

Sincerely,

JAMES L. CHAPEL, M.D.,
Assistant Professor of Psychiatry,
Section of Child Psychiatry.

ST. LOUIS STATE HOSPITAL,
St. Louis, Mo., March 24, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Chairman,
Committee on Labor and Public Welfare

DEAR SIR: I have been receiving up-to-date information regarding advancements and developments in my profession through the S.D.I. Project which is supported by Medical Library Act of 1965, Category 6, Research and Development in Medical Library Science. This is an excellent service and has saved much of my professional time and energies for the care of patients.

I fully support the continuation and enlargement of this excellent service.

Sincerely,

AHMED A. EL TOUMI, M.D., D.P.M.,
Clinical Director, Unit IV.

DIVISION OF MENTAL DISEASES,
Jefferson City, Mo., March 21, 1969.

Hon. RALPH YARBOROUGH,
Chairman, U.S. Senate Committee on Labor and Public Welfare, Senate Office Building, Washington, D.C.

DEAR SIR: The Selective Dissemination of Information Project which has been funded by the National Library of Medicine under the Medical Library Assistance Act of 1965, Category 6, has been extremely helpful to me in my work.

Since my work is in the area of evaluative research in the field of mental health, it is vital that I keep abreast of new research in the several mental health dis-

ciplines. Because of the tremendous amount of information published each month, it would have been utterly impossible for me to have kept up with up-to-date information without the services of the SDI Project. The fact is that without SDI Project help, I could not be nearly as effective in my work as I am.

I consider it of importance that this project be renewed, and I would urge your cooperation in this regard.

Sincerely,

LOUIS E. MASTERMAN, Consultant,
Program Grants and Evaluation.

WASHINGTON UNIVERSITY,
St. Louis, Mo., March 24, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Chairman, Committee on Labor and Public Welfare,
Washington, D.C.

DEAR SIR: It has come to our attention that the Medical Library Assistance Act of 1965, Category 6, Research and development in medical library science, will shortly come before Congress for renewal legislation.

I would like to urge you to support this Act to the fullest extent possible. As you may know, the Missouri Institute of Psychiatry was a recipient of grant funds under this act to develop their SDI (Selective Dissemination Information) Project. As a user of this project, I feel that it considerably enhanced my research productivity by reducing the amount of time I normally spent in scanning the scientific literature in my fields of interest. The project provided me first of all with title and abstracts of material, and then provided me with reprints of the material I felt would be of direct and immediate use to me.

Since my time is limited, any savings in time through technological advances such as provided by the SDI project are highly appreciated. I know that the personnel responsible for this project are developing further imaginative techniques to reduce the time scientists have to spend in searching and scanning our ever increasing scientific literature. Without the technical advnces in information processing and retrieval provided by the Medical Library Assistance Act, our job as research scientists would be immediately difficult, if not impossible, to perform.

I thus request that you strongly support this legislation.

Sincerely yours,

JOHN A. STERN, Ph. D.,
Professor of Psychology.

MARSHALL STATE SCHOOL AND HOSPITAL,
Marshall, Mo., March 24, 1969.

Hon. RALPH YARBOROUGH,
U.S Senate,
Chairman, Committee on Labor and Public Welfare,
Washington, D.C.

DEAR SIR: As a recipient of benefits derived from the SDI Project funded by the National Library of Medicine under the Medical Library Assistance Act of 1965, I solicit your able assistance in helping to provide the necessary funds for the continuation of this worthwhile project.

As an educator who cannot afford to purchase all of the necessary journals in order to keep up with recent research, I feel that this project has provided the availability of research that could not be obtained from other sources.

Sincerely,

H. N. BRANSON,
Supervisor of Education.

STATE HOSPITAL NO. 2,
St. Joseph, Mo., March 20, 1969.

HON. RALPH YARBOROUGH,
U.S. Senate,
Chairman, Committee on Labor and Public Welfare,
Washington, D.C.

DEAR SENATOR YARBOROUGH: I understand that the Medical Library Assistance Act of 1965 will be coming before the Congress for renewal legislation in the near future.

The Missouri Institute of Psychiatry established an information dissemination project supported by the original act, and I was fortunate to be one of the recipients of selected published material distributed by this project.

I found the service to be invaluable in supplying me with current information relevent to my clinical and research activities. Without this service I would have been forced to spend a great amount of time extracting relevant material from the voluminous amount of literature published in my field or to remain unaware of the constantly changing currents of thought and research. The rapid and logarithmic expansion of scientific activity and publication creates a demand for information dissemination systems so that the professional in the applied fields can maintain his skills on a current and efficient level. I feel that this project and similar ones make extremely significant contributions in the facilitation of communication within the professional service arena.

With these thoughts in mind I respectfully request that you view the upcoming renewal legislation in a favorable light.

Sincerely yours,

KENNETH D. WEST II,
Acting Chief Psychologist,
St. Joseph State Hospital No. 2.

NEVADA HEIGHTS SCHOOL,
Nevada, Mo., March 21, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Chairman, Committee on Labor and Public Welfare,
Washington, D.C.

DEAR SIR: This letter is to encourage your continued support of the S.I.D. project that has been funded by the National Library of Medicine under the Medical Library Assistance Act of 1965, Category 6, Research and development in medical library science.

As a participant in the S.I.D. project, I find the materials disseminated by this project extremely helpful in keeping up with the current literature in the field of my special interest, which is directing a program of education for psychiatrically ill adolescents. Therefore I would appreciate your support in continuing to fund this program as it has been very helpful to me.

Yours truly,

JAMES M. JONES, Jr.,
Director of Education.

STATE HOSPITAL NO. 1,
Fulton, Mo., March 21, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Chairman, Committee on Labor and Public Welfare,
Washington, D.C.

DEAR SIR: I would like to express my concern and support for the renewal of the Medical Library Assistance Act of 1965, Category 6, Research and development in medical library science.

I have benefited a great deal from this Act in terms of keeping up to date on the knowledge and information which has been developed in the mental health field. The benefit I feel is enabling me to provide a better ministry to my patients as a Chaplain in a mental hospital. I am kept up on not only new books, but have the added resource of gaining abstracts of significant articles related to my field of service.

I would appreciate your efforts in continued support of this legislation as well as what you may be able to do to increase this kind of service.

Sincerely yours,

DONALD M. STASSEL,
Staff Chaplain.

STATE HOSPITAL NO. 2,
St. Joseph, Mo., March 25, 1969.

Hon. RALPH YARBOROUGH,
Senate Office Building,
Washington, D.C.

DEAR SENATOR YARBOROUGH: I am a psychiatrist, clinical director of one of the geographical units of St. Joseph State Hospital, and I have participated in the SDI Project since its initiation.

I find this project to be of tremendous importance. Thanks to the SDI, I have gathered data that I am planning to use in a research project. Without their help, I would have had to spend months and even years to gather the information the "project people" have sent to me.

I could go on and on describing to you the multiple benefits that such a project brings to us in the health-science field. I fully support this project.

Sincerely,

F. LOPEZ, M.D.,
Unit Director.

MALCOLM BLISS MENTAL HEALTH CENTER,
St. Louis, Mo., March 25, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Chairman, Committee on Labor and Public Welfare, Washington, D.C.

DEAR MR. YARBOROUGH: I have been receiving for the past one year, material from the SDI Project received from the Missouri Institute of Psychiatry Medical Library.

I consider the information they forward to me to be very beneficial in maintaining a current knowledge of advances in my profession.

Sincerely yours,

JORGE A. VIAMONTES, M.D.,
Acting Clinical Director, Alcohol Services.

UNIVERSITY OF MISSOURI-COLUMBIA,
SCHOOL OF MEDICINE,
St. Louis, Mo., March 25, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare, U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: At this time, I am writing about a matter which is very important to me, and to many others in St. Louis and Missouri who are interested in mental health.

The matter in question is the Medical Library Assistance Act of 1965, Category 6, Research and Development in Medical Library Science which, I understand, is soon to come before Congress for renewal legislation. The services provided through this Act by the Missouri Institute of Psychiatry Selective Dissemination of Information Project have been invaluable to me through scanning psychiatric literature, and furnishing reports of such articles as I have requested. I have found the S.D.I. Project most helpful in keeping me abreast of new developments, orienting my thinking to present-day philosophies, and enabling me to be of greater service to those mentally ill patients and their relatives with whom I am in contact.

I hope that renewal legislation of the Medical Library Act of 1965 will receive your favorable attention.

Sincerely,

MRS. FLORENCE R. HAACK, A.C.S.W.,
Psychiatric Social Worker.

MID-MISSOURI MENTAL HEALTH CENTER,
Columbia, Mo., March 25, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Chairman, Committee on Labor and Public Welfare,
Washington, D.C.

DEAR SENATOR YARBOROUGH: I have participated in the SDI project for approximately one year. This program has enabled me to keep abreast with pertinent articles in my profession which would have otherwise demanded many hours in the library. The SDI program provided me with a review of literature, and an accumulation of knowledge through articles which would have otherwise been impossible to accomplish due to my work and family commitments. Personal library research by necessity would have been much more narrow in scope and much more limited in total articles read. Such a service has to increase one's capability in a helping profession by means of the knowledge that is made more accessible through this program.

Please support the extension of this valuable program.

Sincerely yours,

PATRICK J. BUTTELL,
Psychiatric Social Worker I.

STATE HOSPITAL NO. 3,
Nevada, Mo., March 25, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Chairman, Committee on Labor and Public Welfare,

SIR: For two years the Medical Library of the Missouri Institute of Psychiatry has furnished very valuable assistance to me thru the SDI project supported by the National Library of Medicine under the Medical Library Assistance Act of 1965. I would urge Congress to continue to support and extend the services for this very important project.

Yours truly,

J. D. COMBS, M.D.,
Director, Residency Training.

STATE HOSPITAL NO. 3,
Nevada, Mo., March 24, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Chairman, Committee on Labor and Public Welfare,
Washington, D.C.

MY DEAR MR. YARBOROUGH: I am writing to you in behalf of the Medical Library Association which is funded under the Medical Library Assistance Act of 1965, Category 6, Research and development in medical library science.

As a beneficiary of this Act, I can assure you that it has been quite of significant value both to myself as well as some of my colleagues. We are relatively isolated in a small town of 10,000 with the closest medical library of any consequence being located some 100 miles distance in Kansas City. You can readily appreciate the fact that I am rather enthusiastic about the aid which I obtained from the Act quoted as it has enabled me to keep abreast of the current literature in my rather highly specialized field. While it is true that we have a library here at this hospital, we cannot begin to subscribe to the numerous journals which are reviewed for us and which we can obtain by writing to the SDI Project in St. Louis. I note that the journal list of the SDI Project contains in excess of some 450 journals. You can readily appreciate that in the Medical Library at State Hospital No. 3 we cannot possibly subscribe to anywhere near this number of journals. Probably the most valuable service which is received from the Act quoted is that of having expert librarians comb the current literature for articles in the special areas of my interest and bring them to my attention.

It would seem to me that it would be money well spent if the Medical Library Assistance Act of 1965, Category 6, could be funded for continuation.

Sincerely yours,

E. C. RINCK, M.D.,
Clinical Director.

UNIVERSITY OF MISSOURI—COLUMBIA,
SCHOOL OF MEDICINE,
St. Louis, Mo., March 24, 1969.

HON. RALPH YARBOROUGH,
U.S. Senate,
Chairman, Committee on Labor and Public Welfare,
Washington, D.C.

DEAR SIR: I understand that the Selective Dissemination of Information Project here at the Missouri Institute of Psychiatry has been formed by the National Library of Medicine under the Medical Library Assistance Act of 1965, Category 6, Research and development in medical library science and that this act will become before Congress soon for consideration for renewal. Those of us who have benefited from the Act wish to express our appreciation for the help this has been for us and to appeal for continued support of this program. I have found in my own research activities that the services provided by this program have brought to my attention many publications relevant to my research which I would not have become aware of through routine methods. This dissemination of information in the ever growing literature of our field is most useful in keeping us informed of the activities of other scientists and in saving us from the duplication of work done by others as well as enabling us to utilize methods described in the publications of our scientific colleagues.

Thank you for your kind attention to this matter.

Sincerely,

CLAIRE B. ERNHART, PH. D.,
Research Psychologist III.

UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE,
Kansas City, Mo., March 24, 1969.

HON. RALPH YARBOROUGH,
U.S. Senate, Chairman,
Committee on Labor and Public Welfare

DEAR SIR: I consider the S.D.I. project as provided for under the Medical Library Assistance Act of 1965, and in which I have been a participant for the past two years, a great boon both in convenience and in saving of time. The amount of publication in my scientific field is truly staggering, yet I can read only a few articles a week. Therefore, those articles must be carefully selected. The S.D.I.–M.I.P. (Missouri Institute of Psychiatry) allows just such a selection. I heartily favor continuation.

Sincerely yours,

FRED DE WIT, PH. D.,
Chief Psychologist, Children's Services.

MALCOLM BLISS MENTAL HEALTH CENTER,
St. Louis, Mo., March 25, 1969.

HON. RALPH YARBOROUGH,
U.S. Senate,
Chairman, Committee on Labor and Public Welfare,
Washington, D.C.

DEAR SENATOR YARBOROUGH: I am writing to ask for your support of the Medical Library Assistance Act of 1965, Category 6, Research and development in medical library science.

I have been one of the direct recipients of benefits derived from the original act and would like to continue to have this opportunity. As a professional social worker, I have been able through the National Medical Library Assistance Act to have disseminated knowledge and information of current trends practiced and approaches being used and developed in the health science fields, of which I am related and which are directed toward the goal of helping us to better help people help themselves.

Your support of this Act would be greatly appreciated.

Sincerely,

MISS BERNICE COLLINS, ACSW,
Supervisor, In-Patient Children's Service.

ST. LOUIS STATE HOSPITAL,
St. Louis, Mo., March 25, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Chairman, Committee on Labor and Public Welfare, Washington, D.C.

DEAR SIR: This letter is written in support of the Medical Library Assistance Act of 1965, Category 6: Research and development in medical library science. I understand this Act will be coming up for renewal legislation soon.

I heartily recommend your support and renewal of this Act. As a psychologist, conducting research on mental health education for children, I have found that the review of present literature has become an almost insurmountable task without the aid of programs such as this one. No one can keep abreast of all the information in any field any more; it must be winnowed by some intelligent helping hands. The SDI Project at St. Louis State Hospital has been of real help to me. A well run library facility is invaluable to research and one of the reasons that I am based here is because of the superb help I receive from the library programs here and SDI in particular.

I hope that this opinion will be of aid to you in forming your own support of the program.

Yours very truly,

BARBARA ELLIS LONG,
Psychologist, Unit III.

MID-MISSOURI MENTAL HEALTH CENTER,
Columbia, Mo., March 26, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: I have had the opportunity for the past two years to receive, from the Missouri SDI Project, information in reference to the treatment and care of children. I have found the services, as offered by the SDI Project, very beneficial to my professional growth and development.

It would not have been possible for me to review all the journals and book reviews that I have received for the past two years by any other method. Because we do not have all the answers for the treatment of children with emotional problems and we are always searching and revamping our program, we have found it especially beneficial to have received this information from the SDI people. The knowledge gained has been shared with other members of the treatment team.

I wholeheartedly request the continued support of this project for the benefit of children's treatment programs.

Sincerely yours,

WALTER J. CONWAY,
Director of Education.

MALCOLM BLISS MENTAL HEALTH CENTER,
St. Louis, Mo., March 25, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Chairman, Committee on Labor and Public Welfare, Senate Office Building, Washington, D.C.

DEAR SENATOR YARBOROUGH: For the last two years I have been a direct recipient of information and knowledge which has been developed in the health service field, made possible by the Medical Library Assistance Act of 1965, Category 6, Research and development in medical library science. These research findings, made available to me by the Missouri Institute of Psychiatry have been very helpful in keeping me informed as to the latest trends in practice in the field of mental health as well as providing background information for research projects being conducted here at Malcolm Bliss Mental Health Center.

I hope this project can be continued as a means of assisting researchers and practitioners to keep abreast with theh latest development in the field of mental health.

Sincerely,

JULIAN C. HALL, D.S.W.,
Supervisor of Social Work Research.

ST. LOUIS STATE HOSPITAL,
St. Louis, Mo., March 27, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Chairman,
Committee on Labor and Public Welfare,
Washington, D.C.

YOUR HONOR: It is of great importance to me and to the progress of the Medical and Social Science professions that monies be granted and reappropriated for the Missouri Institute of Psychiatry Selective Dissemination of Information project from the National Library of Medicine under the Medical Library Assstance Act of 1965, Category 6, Research and Development in medical library science.

Speaking for myself, as an employee of St. Louis State Hospital, although participating for less than a year on the project, the scope and delineation of materials related to my field of endeavor have been eye opening, highly informative and in the most efficient manner of gaining information for my growth and development in the Mental Health field.

I strongly recommend continuation, development, and expansion of new approaches in this area so to reach more persons in the Mental Health field.

Sincerely,

ALAN HITT,
Psychiatric Social Worker.

ST. LOUIS STATE HOSPITAL,
St. Louis, Mo., March 27, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Chairman,
Committee on Labor and Public Welfare,
Washington, D.C.

YOUR HONOR: My experience as a participant in the Selective Dissemination Of Information project here at St. Louis State Hospital has been very positive. As Coordinator on the Alcoholic Treatment Center, I have found the services from S.D.I. to be extremely helpful in keeping me abreast of the latest literature dealing with the many facets of this illness. By having the project, which reviews and provides feedback from numerous professional journals, I am able to keep up to date regarding the past, present, and future scope of this illness. This provides me with a current source of information which is extremely beneficial in my frequent contacts with the community.

Therefore, I sincerely hope that necessary funds for the continuance of the S.D.I. project will be allocated to enhance the future operation of the very meaningful and worthwhile endeavor.

Sincerely,

FRANK STOBART,
Coordinator, Alcoholism Treatment Center, St. Louis State Hospital.

DEPARTMENT OF PUBLIC HEALTH AND WELFARE,
STATE HOSPITAL NO. 2,
St. Joseph, Mo., March 26, 1699.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Senate Office Building, Washington, D.C.

DEAR SIR: Although I am not one of your constituents, I would like to request your support toward a favorable action on the renewal, and an increase in funds for the Medical Library Assistance Act of 1965 which I understand will be the subject of debate by your committee in the near future.

It is my feeling that the value received from this Act—especially Catagory 6, Research and Development in Medical Library Science—by professionals like myself, and my colleagues over the country would indicate a need for continuation and expansion of this extremely worthwhile expenditure. I realize that our federal budget is of enormous magnitude, but I also realize that the strength of our nation rests in the return of our mentally and physically ill people to useful, productive roles in society.

In this respect, the services provided by our medical libraries throughout the nation enables us professionals to spend more time working with patients, and

less time perusing countless volumes of research in our attempts to provide a sounder treatment program for the patients in our hospitals over the country.

I will be more than happy to provide further examples of values received by professionals such as myself from the expenditures under this Act if you deem it necessary for favorable action by your committee.

Thank you sincerely for your consideration of this request.

Respectfully yours,

ROY CUNNINGHAM, *Guidance Counselor II.*

DEPARTMENT OF PUBLIC HEALTH AND WELFARE,
STATE HOSPITAL NO. 4,
Farmington, Mo., March 25, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare, U.S. Senate, Senate Office Building, Washington, D.C.

DEAR SENATOR YARBOROUGH: The SDI Project (Selective Dissemination of Information) here in Missouri that was funded by the National Library of Medicine under the Medical Library Assistance Act of 1965—Category 6, has been most helpful to me.

There are several ways that this SDI Project has helped me as a Chaplain meet the religious needs of the mentally ill here at the Farmington State Hospital.

1. It has kept me informed about the latest developments and ideas in my field.
2. It is a time saver in that I do not have to sift through a lot of material in order to find what I need.
3. Our hospital is in a rural area with limited resources, means that I would not have access to the best material in the mental health field if it were not for this program.
4. The SDI Project has helped my professional growth, which in turn means that I can minister more effectively to those under my care.
5. I appreciate this interest in my personal growth as a professional mental health worker. I feel that this is one way of attracting people to the mental health field.
6. The SDI Project has given me information that I have passed on to local community leaders such as pastors.

I have been in the mental health field for 15 years and I feel that the SDI Project is one of the most constructive efforts that I have seen in this field. I certainly hope that it can be expanded and continued.

Sincerely yours,

JERRELL L. MCNUTT, *Chaplain.*

UNIVERSITY OF MISSOURI-COLUMBIA,
SCHOOL OF MEDICINE,
March 24, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee of Labor and Public Welfare,
U.S. Senate, Washington, D.C.

MY DEAR SENATOR: The Medical Library Assistance Act of 1965, Category 6, Research and Development in Medical Library Science, is coming before Congress soon for renewal legislation. As a social worker employed in a medical school doing research on mental illness, I am vitally interested in this legislation. Not only is rapid dissemination and quick retrieval of professional information needed in my own job, but I am in a position to speak for many of my colleagues as well.

In 1968 I had occasion to interview either in person or by mail questionnaire 93 administrative staff members within the Missouri Division of Mental Diseases and the Missouri Institute of Psychiatry in regard to their use of our own Selective Dissemination of Information System (S.D.I.) in preparation for presentation of a paper I was invited to give on research as a base for program planning at the National Conference on Social Wefare, San Francisco. These staff members were primarily department heads within the disciplines of psychiatry, psychology, social work, vocational rehabilitation, activities therapies, education, nursing theology, library science, and business management. The majority of

these people wanted S.D.I. continued on a permanent basis because of the amount of professional work time it saved them, the increased coverage of professional literature it provided, and the greater speed with which it brought new information to them. Since, I, myself, have no connection with the S.D.I. project, and my survey was independent and thereby objective, I am enclosing a xerox copy of that part of my paper relating specifically to the S.D.I. project as it explains that project and its professional benefits more fully than I can do in this letter. Sould you wish a copy of the total paper, you may have it on request. It's title is " 'The Missouri Story'—A Chronicle of Research Utilization in Program Planning."

In view of my strong convictions regarding the worth of programs of this kind nationally and locally, I strongly urge that you give your greatest support to renewal legislation for the Medical Library Assistance Act of 1965, Category C.

Sincerely yours,

HELEN BELLOWS KLEIN, D.S.W.,
Assistant Professor of Psychiatry (in social work).

Enclosure.

This leads to the final chapter in our chronicle, that of a new and experimental piece of library research which is changing the reading habits—and perhaps the attitudes—of staff and is fostering their use of research in decision making. This is the Selective Dissemination of Information System (S.D.I.) referred to earlier, which is headed by Mrs. Nina W. Matheson, M.L.S., and a psychologist, Donald M. Sundland, Ph.D. Over three years ago they stated, "The proliferation of published information in the scientific fields has created severe problems for researchers, not merely in keeping abreast of the new work done, but in the maintenance of their traditional methods of information collecting and information retrieving. The magnitude of the information explosion has had severe repercussions in libraries, making more and more inadequate their traditional methods of collecting and disseminating information. . . . It is necessary to have a means of locating and acquiring, or organizing and analyzing information of research value for both the individual and the library efficiency."

With this problem in mind they developed a computerized current awareness system for identifying information pertinent to the subject interests of staff members participating in the S.D.I. research study. This system is a personalized service which directs to each individual only notification of articles, abstracts, and book reviews that have been coded for terms which fit into his individual subject profile of interests. This is a pioneering project in the mental health field bearing some similarity to attempts in other disciplines such as engineering, chemistry, physics, and other "hard" sciences.[5] All staff members of the Division of Mental Diseases and the Missouri Institute of Psychiatry were invited to enroll in S.D.I., and currently more than 300 are enrolled. The terms of participation were two years of free personalized current awareness alerting for as many topics of interest as wanted in return for responding to each item received through S.D.I., evaluating its interest to the user and to what use the information was put, if any. In addition the user was to give a full description of his information use habits through interviews and questionnaires. The user was also given the privilege of requesting a full copy of any article identified as having high interest.

As this writer surveyed the administrative staff in regard to their use of research, certain questions were also asked regarding S.D.I. Not all were enrollees, but enrollee or non-enrollees, discussion of S.D.I. created a sufficient ripple of emotion in responses to convince the writer that there was some intrapersonal by-product being created by what seemingly is a mechanical and impersonal method of distributing literature. Sixty-seven percent of subjects polled indicated they wanted S.D.I. continued on a permanent basis after the completion of its research grant; only thirteen percent wanted it discontinued; and twenty percent held no opinion. Most of this last group were not enrolled in S.D.I. and had no basis for judgment.

The most usual response subjects made to how S.D.I. had been of benefit was the amount of time it saved. Others said it increased their coverage of literature formerly not coming to their attention, that it brought information to their attention far more quickly than by other methods they had used.

The S.D.I. has made an unexpected contribution to staff development. Many of those in S.D.I. pass on references and reprints to their colleagues who are not enrolled. This distribution takes all directions: routing to their superiors, to those under their supervision, to peers—and sometimes to others outside in the professional community. This kind of feeding in of research findings at all levels of practice hopefully will stimulate a vigorous new growth in utilization of research in all areas of practice.

Thus ends "The Missouri Story"—a chronicle of how one organization under the dynamic leadership of a research oriented director and ably assisted by a staff with convictions about the worth of research have been successful in building a community program of service delivery based on a myriad of research findings.

KIRKSVILLE COLLEGE OF OSTEOPATHY & SURGERY,
June 18, 1969.

To: The Honorable Ralph Yarborough, U.S. Senate.

DEAR HONORABLE YARBOROUGH: The Kirksville College of Osteopathy and Surgery is incorporated under the laws of Missouri as a non-profit institution. The governing body is a Board of Trustees with alumni and lay representation. This Institution's primary objective is to provide an educational program to train young men and women to become osteopathic physicians and surgeons, and to provide opportunities for continuing education for it's graduates. The library of the Kirksville College of Osteopathy and Surgery serves a student body of 402 students, and a faculty of over 200.

Since this is the only medical library in Northeast Missouri, or Southeast Iowa, we not only serve our students, faculty, staff, and alumni, but anyone else in this area who is in need of material in health services. The Northeast Missouri State College is also located in Kirksville, and many of their students and faculty who are involved in paramedical training, such as registered nurses, speech therapists, social workers etc., make use of our library.

Many research projects are in progress at our college. These projects are supported by National Institutes of Health Grants, and by General Research Support Grants. Each of the investigators depends upon the contents and services of the library for information and contact with other investigators.

All of these projects are of long term nature with ramifications that will be pursued as new scientists and physicians join our faculty. Such growth is based on proportionate growth of the library and it's SERVICES. (Included with this letter is a list of research projects currently being carried out by the faculty of this college.)

Other areas in which the Kirksville College of Osteopathy and Surgery are involved are Public Health Services. Kirksville is in a rural area, and our college provides a hospital, clinic, and eleven rural clinics in adjoining areas. The College takes part in the Children and Youth Program for Adair County which is funded by the Children's Bureau, Department of Health, Education, and Welfare. The college is also a part of the Northeast Missouri Regional Medical Program, a pilot project on stroke, involving patient care and education. One of the Regional Diagnostic Centers (State of Missouri Division of Mental Diseases) is located in Kirksville, and members of the hospital staff serve as consultants.

The College has been awarded a grant from Hill-Burton to construct a 100-bed hospital and related facilities for the teaching hospital. All of these various projects rely on our library for necessary information and resources to aid them in their programs.

The grant money we have received the last few years has enabled us to expand our resources by adding many new titles of books, periodicals, and microfilm. We have been able to provide new equipment and facilities for better utilization of our existing space. Such equipment includes new metal stack shelving, ten individual study carrels, audio-visual equipment, and a microfilm reader-printer.

The Kirksville College of Osteopathy and Surgery is in a period of rapid growth it it's research and educational programs, as well as it's public health services; and there is real need for our library to meet the many responsibilities of this expansion. Continuation of financial help through medical Library Resource Grants would be most helpful.

Sincerely,

(Mrs.) GEORGIA WALTER, *Librarian.*

Enclosure.

Following are brief descriptions of some of the research programs in progress by the faculty being served by the Library:

A study of neurosecretory mechanisms in nerves.

A study of proprioception from muscles innervated by the cranial nerve.

A study of spinal abnormalities in humans and animals: the primary objective is to determine changes in irritability of the nervous system, particularly the spinal cord, which occur in connection with osteopathic lesions.

A study of nerve cell impulses and their transmission; the objective is to determine how impulses are generated and transmitted by nerve cells.

A study of external expressions of internal disturbances; the objective is to determine how disturbances of internal organs and stresses in the muscloskeletal system are reflected on the surface of the living body.

A study of the spinal cord reflexes and their modifications; the objective is to determine how and to what degree, the spinal cord can "learn" and "remember" as do the higher centers of the brain.

A study of the trophic functions of nerves; the objective is to determine how nerves and the tissues they supply, influence and sustain each other by exchanging substances.

A study of pulmonary function: the objective is to determine the amounts of interchange of substances between the air in the lungs and the blood.

A study of kidney function in relation to the nervous system; the objective is to determine the control of kidney function and kidney development by the nervous system.

UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE,
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER,
Kansas City, Mo., March 24, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Chairman, Committe on Labor and Public Welfare,
Washington, D.C.

DEAR SENATOR YARBOROUGH: It is my understanding that the Medical Library Assistance Act of 1965, Category 6, Research and development in medical library science, is coming up for review in the fairly near future.

In considering the possible renewal or enlargement of this act, I would like you to take into mind the considerations of one of the recipients of the benefit of this act. Through the Selective Dissemination of Information of the Missouri Institute of Psychiatry I have periodically received summaries of information that is current in the literature.

You are probably aware of the "information explosion" in the area of technical literature in all areas of science, including the behavioral sciences. A major question that now confronts all scientists and people concerned with the various aspects of medicine is how to keep up with this growing flood of information. I personally take four professional journals in the area of psychiatry, child psychiatry, and special education. In addition, there are some four hundred other regular journals or publications that are relevant to my work, in addition to numerous books that are published annually. A feeling one has is that you spend more and more time trying to keep up, but are falling further and further behind.

The information abstracted and sent to me by the Selective Dissemination of Information Service allows me to review the literature in less time and to spend my time more efficiently in keeping current. It is my personal conviction that such services are of considerable value to me and to the other professionals who are involved. I think it would be very worthwhile if someone from your committee could investigate this and see about the possibility of having this service extended to those physicians who work in the area of psychiatry and child psychiatry on a nationwide rather than on a regional basis.

The question is, how can one keep from being overwhelmed by the mass of information that is being produced in one's area of medical specialty? It is my belief that the expansions of projects such as the Selective Dissemination of Information Service is an excellent answer.

I hope you will give the above consideration in reviewing the Medical Library Assistance Act of 1965, Category 6, Research and Development in Medical Library Science.

Sincerely yours,

J. RICHARD HARTE, M.D.,
Director of Training in Child Psychiatry.

UNIVERSITY OF MISSOURI-COLUMBIA,
SCHOOL OF MEDICINE,
St. Louis, Mo., March 28, 1969.

HON. RALPH YARBOROUGH,
U.S. Senate, Chairman, Committee on Labor and Public Welfare,
Washington, D.C.

MY DEAR SENATOR YARBOROUGH: In 1966 the National Library of Medicine granted $77,398.00 to the University of Missouri School of Medicine Department of Psychiatry, Missouri Institute of Psychiatry in St. Louis for a two year study of the "Impact of an SDI system on mental hospital personnel." This research grant was funded under the Medical Library Assistance Act of 1965, Category 6, research and development in medical library science.

The objective of the project was to establish a selective dissemination of information (SDI) system to meet the information needs of the professional staff of the 10 institutions constituting the Missouri Division of Mental Diseases, and to determine the value of such a system by evaluating its impact on the participants in the project. The data gathered through the SDI feedback mechanisms and individual interviews with the participants contribute to knowledge pertaining to the actual information needs of clinically oriented professional mental health personnel, the manner in which information is used when readily available, and the effects of such a system on their professional behavior. Over the two year period more than 100,000 items were disseminated to as many as 350 participants. The vast quantities of data collected are still being analyzed and publications are being prepared.

One measure of the success of the project, and the need that exists for similar systems, is that the Missouri Division of Mental Diseases funded the project for an additional year, and funding for a fourth year is expected.

There is no doubt that more work needs to be done which will help our health scientists and practitioners receive the information that is pertinent and necessary to their most efficient and effective functioning. This is important to all of us, for our physical as well as mental health.

The work accomplished under programs funded by National Library of Medicine is only a small part of what may be done.

I should like to urge that your Committee support fully renewal of the Medical Library Assistance Act of 1965 with funding substantially increased. I have been convinced, beyond any expectations, through my experience with the MIP SDI project that our nation cannot afford to neglect the continual re-education of our finest national resource, our intellectual and scientific manpower.

Yours sincerely,

(MRS.) NINA W. MATHESON,
Instructor and Librarian.

RESEARCH HOSPITAL & MEDICAL CENTER,
Kansas City, Mo., March 25, 1969.

HON. RALPH YARBOROUGH,
U.S. Senate, Committee on Labor and Public Welfare,
Washington, D.C.

DEAR SENATOR YARBOROUGH: The Medical Library Assistance Act renewal legislation, which is coming before Congress this spring, is a matter of great concern to us. In 1966, our application for a Medical Library Resource Grant was approved, and we are now entering the third year of the program. However, we have been informed that because of budget limitations, the grant for

this continuation year has been reduced. As a result, we are forced to modify our Library development program this year, and in view of the uncertain future of the Library Assistance Act, we are concerned about the stability of our long range plans to develop a Library which can serve and support our rapidly growing educational and clinical programs.

Prior to the first year of the grant, the Hospital Library contained a collection of about 5,000 volumes and was able to provide only limited services to its clientele. Upon notification that our application for a grant had been approved, the Hospital employed a professional librarian and began work on long range plans to expand the collection and extend services. An essential part of those plans was the specific plan to increase the entire Library budget, allowing ample funds for books, periodicals, and bibliographic references. The current budget for resource materials is more than twice the amount budgeted three years ago, and the Library now houses 7,500 books and bound journals and subscribes to 156 periodical titles.

With the first and second year grants, the Hospital Library purchased an automatic copier, a microfilm reader-printer, and 432 linear feet of additional shelving. The copier has enabled us to disseminate information from the established collection thereby providing broader coverage with our limited resources.

We have purchased microfilm to complete ten year holdings of the major medical journals received on subscription, and physicians have access to the information contained on film with the use of the reader-printer. The additional shelving was installed in the Library reading room, and a large unbound collection of professional journals. This established the entire collection of resource material as an open-stack facility.

In addition to increasing our resources in books and periodicals, we have produced over 600 transparencies on the automatic copier. We also acquired sound filmstrips for classroom use and purchased a portable sound projector and headphones to enable students to use the filmstrips in self-instruction in the Library. With the third year grant, we plan to purchase additional audio-visual materials and equipment for classroom and individual use.

At the present time we have approved residency programs in Pathology, Radiology, Obstetrics and Gynecology, Hospital Administration and in the specialty of Family Medicine. We also conduct accredited Schools of Nursing, Medical Records Technology, Medical Technology, Radiologic Technology, Inhalation Therapy, and Practical Nursing. We also provide clinical training for Physical Therapy and Occupational Therapy students. Our Library development program is endorsed and supported by the Medical Staff. In addition to books and periodicals, the Medical Staff donated 500 audio-digest tapes and a tape player during 1968, and has pledged its continued support in the years ahead.

In view of the range of our plans to expand and develop the Hospital Library, you can understand our concern about the life expectancy of the Medical Library Assistance Act. We are certain that our concern is shared by many other institutions, as we are aware of the beneficial impact that this Act has had on Medical Libraries across the country. We want to emphasize that the Hospital has not used the grant as a substitute for its own funding of our Library development program. Rather, the grant has enabled us to utilize the resources of the established collection to the fullest, while increasing our resources and expanding service programs at our own expense. Our goal is to establish the Library as an information and media center serving the medical and paramedical staff and hospital schools and training programs. We are well on the way to achieving this goal.

In order that we may continue with our development program, we urge you to support the continuation of the Medical Library Assistance Act and exert every effort to bring about legislation to increase its funding.

Very sincerely,

ROBERT E. ADAMS, *Executive Director.*

MISSISSIPPI

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER,
OFFICE OF THE DIRECTOR,
Jackson, Miss., April 15, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: Under the Medical Library Assistance Act, the Rowland Medical Library of this Medical Center obtained a resource grant which is now in its third year. The funds from this grant have been used exclusively to enhance the Library's ability to disseminate among the Medical, Nursing and Allied Health Professions of Mississippi much of the increasing volume of knowledge and information pertinent to their fields.

The funds from this grant appear to have been used very wisely and in a manner entirely consistent with aims of the enabling legislation.

A catalog of holdings of this Library has been compiled and furnished to the medical libraries of hospitals, schools of nursing, and schools of medical technology throughout Mississippi.

The grant has enabled the Rowland Medical Library to handle teletype requests for medical references and information expeditiously. This reduces the reaction time of the Library from about five days to about 36 to 48 hours.

With the support of this grant the Library is now able to provide photoprints of professional articles, many of which, being from current and unbound journals could not have been released previously even on an inter-library loan.

In other words, this grant has enabled the Rowland Medical Library to disseminate current knowledge and information concerning recent developments in the health field in such a manner as to raise the standards of medical and nursing practice in the State of Mississippi. I personally know of no other endeavor that has accomplished so much with such a relevantly small number of dollars.

Sincerely,

ROBERT E. BLOUNT, M.D.,
U.S. Army Medical Corps (Retired),
Assistant Dean and Clinical Professor of Medicine.

(151)

MONTANA

MISSOULA, MONT., *April 17, 1969.*

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: During the last year I have been pleased to work with the Pacific Northwest Regional Health Services Library in Seattle, Washington, as a representative of the medical profession in Montana. As you may know, in our State we have no medical school and there is no comprehensive health sciences library service within the State. Problems of communication over our considerable Montana distances, with sparse population, and small communities have led to under-use of professional library services. Librarians from our two Universities and various medical personnel are now serving on a Montana Committee to help develop State-wide medical library services. We are anticipating a good deal of help through the Regional Library in Seattle (which was activated as such only last October).

In this situation the expanded service which the Pacific Northwest Regional Library is now able to offer and the collaboration between that institution and our interested Montana physicians and others is a most encouraging development. I understand your Committee will be considering the merits of the Library Assistance Act, which created the Regional Libraries, in the near future; and at this time I would like to express my enthusiasm for the possibilities of help in our area and my hope that the service can be continued.

Sincerely yours,

LEONARD W. BREWER, M.D.

COLUMBUS HOSPITAL,
OFFICE OF THE ADMINISTRATOR,
Great Falls, Mont., March 31, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: I am writing to request your support of the Medical Library Assistance Act renewal legislation which I understand will come before the Congress in the very near future. This is an era of unprecedented expansion of knowledge and technology in the health sciences bringing profound changes in the nature of biomedical information and in skill requirements for medical and paramedical personnel. To meet this challenge it is imperative that such institutions as Columbus Hospital and related health agencies have available a well-equipped and professionally-directed health sciences library for immediate reference and use by both those in, or just entering this field of endeavor.

Such a library must have the capacity, resources and backing to expand and grow in response to the demands of future changes and needs. To insure that a community such as ours will have the full benefit of such a service, the support of the Medical Library Assistance Act is essential in augmenting our own capabilities and potential for such growth.

At Columbus Hospital we have made a beginning towards meeting this community's need for a professionally operated and equipped Health Sciences Library. We have retained a professional and highly qualified librarian to organize this facility and to bring together the collections of the medical staff library, McLaughlin Research Institute Library, and Nursing School and Faculty libraries under one stewardship. This library is open to all area physicians and dentists, students here and at the College of Great Falls, employees and other health agencies and activities. Due primarily to this professional direction of the library and extensive use of the Pacific Northwest Regional Health Sciences Library, the Columbus Hospital has become the focal point of medical library activity in the community.

Utilizing this library in close conjunction with our newly established training department headed by a professional educator, we have been able to establish and conduct a totally integrated program of continuing in-service education and

151 A

NEBRASKA

THE UNIVERSITY OF NEBRASKA,
COLLEGE OF MEDICINE,
Omaha, Nebr., March 28, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SIR: The Medical Library Assistance Act has been of signal help to us in our College of Medicine's program in Continuing Education. Because of observations made to me by physicians concerning their use of bibliographic service and of photocopies from the medical literature, supplied to them by our medical school library and made possible under the Act, I wish to support the renewal of this legislation. The difficulties that physicians have in keeping up are not well understood except upon probing study. The medical literature is simply enormous; it is contained in hundreds of thousands of books and monographs and in thousands of periodicals. Through his own efforts, a physician can, at best, subscribe to; have access locally to; and read only a small share of this literature and even though he could assemble a vast body of literature, he would also need to have a costly filing and retrieval system. Certain kinds of medical problems are common; but there are a multitude of them that are met with by a physician only rarely, possibly only once or twice during his entire professional life.

Because there is such a multitude of these different kinds of problems that seldom are met with by a physician, the sum of such instances constitutes an important segment of medical practice. And how the physician handles these cases, uncommon to him, may be of utmost importance to the affected people. Consider, for example, the disease tetanus. If the tetanus cases that occur each year were distributed at random among all practicing physicians, each case treated by only one responsible physician, the distribution would be one case of tetanus per about seven lifetimes of medical practice. Obviously, it is of utmost importance that a physician have a source for obtaining late, key articles.

As director of Continuing Education here, I regard the pertinent service as of great importance, valuable to physicians in remote communities and solo practice, and to urban physicians, too.

Sincerely,

C. J. POTTHOFF, M.D.,
Professor, Department of Preventive Medicine and
Acting Coordinator of Continuing Education.

CAMBRIDGE, NEBR., *April 9, 1969.*

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: I am writing you concerning the Medical Library Assistance Act. It is my understanding that this act is coming up for consideration and I feel that this program should be continued.

We do not have the facilities of a complete medical library and this type program has served well to provide up-to-date medical literature. I feel this has been of great value to me.

I hope that you will act favorably upon this very important legislation. Thank you for your interest.

Sincerely,

ELIZABETH EDWARDS, M.D.

on-the-job training to offset shortages of vitally needed skilled medical and paramedical personnel and to raise the skill levels of those already engaged in this work. The Health Sciences Library and librarian have keyed the success of this program through the procurement and distribution of the latest resource materials, visual aids and other health science library tools.

To accomplish this we have been able to take full advantage of the excellent resources and services of the Pacific Northwest Regional Health Sciences Library, and by thus increasing the breadth and scope of our own capabilities we are far better able to cope with the needs and demands created by the rapid changes in medical knowledge and technology.

To support the continued growth of this service so that it provides a maximum of benefit to the entire community, we must augment our own contribution by support from the Medical Library Assistance Act—either directly or indirectly through affiliations with regional libraries. In either case, the legislation will have a profound and positive effect on the quality of medical care in this community if, as I earnestly hope, it is renewed.

I am sure that I speak for all of those in the health sciences field in the Great Falls area, as well as those who will profit through the best and most up-to-date technology and patient care, when I urge you to support the renewal of the Medical Library Assistance Act.

Sincerely,

THOMAS J. UNDERRINER, *Administrator.*

KEARNEY CLINIC,
Kearney, Nebr., March 31, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR: In my opinion the services made possible under the Medical Library Assistance Act have been a great help to the practicing doctors in Nebraska. I would strongly urge the continued availability of funds for the medical school libraries.

Yours sincerely,

H. V. SMITH, M.D.

THE UNIVERSITY OF NEBRASKA,
MEDICAL CENTER,
OFFICE OF THE PRESIDENT,
Omaha, Nebr., March 27, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

DEAR SIR: The Medical Library Assistance Act has been a key factor in our efforts to extend medical library resources to health professionals throughout Nebraska and surrounding areas.

The construction grant is making possible the building of a new library of medicine.

Such an extension is vital to good health care in our region, particularly where practitioners are so widely distributed over a relatively large geographic area.

I respectfully urge the extension of the Medical Library Assistance Act to enable our medical center, as well as many others, to continue these services.

Sincerely yours,

CECIL L. WITTSON, M.D.,
President, Medical Center.

CAMBRIDGE, NEBR., *April 3, 1969.*

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR: We are writing to respectfully ask your support of the Medical Library Assistance Act which we understand is being reconsidered this year.

We have found this service from the University of Nebraska College of Medicine very helpful to us in our practice. It has offered us a method of obtaining recent medical publications which we otherwise would not have been available to us. We therefore feel that it has been very helpful to us in keeping abreast of medical information and would feel a loss in this regard if it were discontinued.

Sincerely,

G. A. HARRIS, M.D.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
March 25, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: I am writing to inform you of the immense service which the University of Nebraska Medical Library is performing for the physicians at the Public Health Service Indian Hospital in Winnebago, Nebraska.

Our hospital is located in a town of 600 people and, except for our small library of standard textbooks and a few current periodicals, we have very little access to medical literature. Also, any attempts at clinical research in our hospital would be unsuccessful if we had to rely on our library alone.

Miss Hetzner and her staff at the University of Nebraska Medical Library extend their services to those of us at the grass-roots level by providing books on loan and virtually unlimited copying service for articles and book portions. We find they have virtually all of the references we request, and they always are able to

secure the ones that they do not have from another source. We receive our material promptly.

In my experience, this service is quite superior to that of the National Medical Library which, because of its large volume, takes one to two weeks to provide the references requested and which frequently has loaned out the books solicited.

I enthusiastically support legislation and funds which will help this type of local service to physicians expand and heartily endorse the University of Nebraska Medical Library as the regional center for these services.

Cordially,

GEORGE O. WARING, M.D.
Staff Physician.

PLATTE VALLEY MEDICAL GROUP,
Kearney, Nebr., March 29, 1969.

Re Medical Library Assistance Act.

HON. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: I practice Internal Medicine in a community of 15,000 in the mid part of Nebraska. My group of internists represents the last similar speciality group available from here to Denver. Although remotely placed, we are called upon to diagnose and treat many complicated cases and I feel that we provide a good service to the people of Central Nebraska. In order to maintain high standards of medical practice, it is necessary for physicians to keep abreast of the current medical literature. Through funds provided by the Medical Library Assistance Act in the past, it has been possible for me to obtain full copies of articles from the medical literature from the University of Nebraska, College of Medicine Library. Research assistance has also been provided by the library.

Because of this program, I have been able to improve my diagnostic and therapeutic abilities in a manner that directly benefits my patients. When there are different problems that confront me for which I am unable to find ready answers in my own rather extensive library, I have been able to obtain copies of articles from the Medical Library with enough dispatch to actually benefit the patient who is under therapy.

I sincerely hope that you will see fit to continue this fine program. Particularly in remote areas such as this, we need more and better lines of communications with large medical centers if we are to provide modern medical care for our patients. This is one very valuable way of doing so.

Sincerely,

MONTE M. SCOTT, M.D.

DOCTORS YOUNG, WIGTON AND AITA,
Omaha, Nebr., March 26, 1969.

HON. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SIR: I am writing you to urge continued and renewal legislation for the Medical Library Assistance Act which will come to your attention soon. As a practicing physician and professor at the University of Nebraska College of Medicine, I have been impressed with the tremendous value of these resource grants. The medical sciences are burgeoning with valuable information which is published regularly in medical journals and in an evergrowing number of medical textbooks. The Medical Library Assistance Act has been of great help to keep abreast of all of this, to make it readily available and retrievable and to keep it cataloged and organized. This Act is assisting materially in medical progress.

One facet in which I have been particularly interested concerns the neurological manifestations of general diseases. A great deal of medical literature flows continually and increasingly on this subject. With the help of the Medical Library Assistance Act, we have been able to "keep on top of it," maintaining a constant cataloging of all of this valuable material. We hope we will be able to continue to do so.

Sincerely yours,

JOHN A. AITA, M.D.

THE UNIVERSITY OF NEBRASKA,
COLLEGE OF MEDICINE,
Omaha, Nebr., March 28, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: As Dean of the College of Medicine I am very much concerned about the Medical Library Assistance Act. This program at our University has been very helpful in many ways. We are indeed grateful for the money available in construction for the Library of Medicine which is now under construction. This will provide the opportunity to expand our resources to serve the health practioners in the state.

In order to keep the momentum which has been started, additional funds for operation will be necessary so that cataloging, disseminating of information, and the use of audio-visual equipment can be promoted. I certainly want to urge you to give very serious consideration to the renewal of the Medical Library Assistance Act and also to the increasing of allocations for expansion of this program.

Very sincerely yours,

ROBERT B. KUGEL, M.D.,
Dean.

CAMBRIDGE, NEBR., *April 3, 1969.*

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR: This letter is a respectful request that you consider favorably, the extension of the Medical Library Assistance Act.

We have found this assistance very helpful in our rural practice and feel that it is an important part of our dissemination of recent medical information to us. We would feel a loss of this information if it were discontinued.

Sincerely,

R. R. MORGAN, M.D.

CAMBRIDGE, NEBR., *April 3, 1969.*

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR: We are writing to request your support of extension of the Medical Library Assistance Act, which we understand is being considered this year.

We feel that this service has been very helpful to our practice. We are in a rural area and feel that the assistance we receive from the library at the University of Nebraska College of Medicine is one of the most important, if not the most single important method of post-graduate education we have available to us. In our area, we have no adequate medical library and this assistance is the only way we have of procuring recent medical publications.

We feel that discontinuance of this service would be a serious setback in our post-graduate educational facilities.

Sincerely,

C. G. GROSS, M.D.

THE UNIVERSITY OF NEBRASKA,
COLLEGE OF MEDICINE,
Omaha, Nebr., March 25, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: With funds made available to us through the Medical Library Assistance Act of 1965, the University of Nebraska Library has been able to respond to the medical information needs of practicing physicians throughout Nebraska and in other areas where there has been a lack of medical library service.

In the last two years, February 1967 to February 1969, we have fulfilled 1207 requests for which 539 bibliographies were compiled, 252 volumes sent out, 4359 photocopy orders filled for a total of 29,095 pages of literature.

Attached are some unsolicited letters received from doctors who have found this service of value.

A renewal of the Medical Library Assistance legislation is absolutely essential if we are to continue this service.

Sincerely yours,

(Mrs.) Bernice M. Hetzner,
Librarian, Professor of Library Science.

Enclosures.

North Platte, Nebr., *May 12, 1967.*

Marcia Davidoff,
Assistant Librarian for Extramural Programs, University of Nebraska College of Medicine, Omaha, Nebr.

Dear Miss Davidoff: I received a tremendous amount of help from the numerous articles which the library recently sent and want you to know that this is, in my opinion, one of the most important aspects of post graduate education that the College of Medicine is dealing with at present. I am tremendously excited about the new library plans for which all the alumni received from Dr. McGoogan and am looking forward to supporting the continued progress of the medical school library.

Sincerely yours,

John Ford, M.D.

—

Paine & Paine, Attorneys,
Grand Island, Nebr., July 19, 1967.

Attention: Marcia Davidoff, Assistant Librarian.

College of Medicine Library,
The University of Nebraska,
Omaha, Nebr.

Dear Madam: Recently we requested from you photo copies of certain medical articles, which you promptly furnished to us, with the exception of one article which you are requesting from another library. We want to express our great appreciation for the prompt attention given to this matter and for the splendid service which you are rendering to professional men.

Thank you very much.

Very truly yours,

By Charles B. Paine.

—

State of Nebraska,
Hastings State Hospital,
Ingleside, Nebr., September 13, 1967.

Marcia Davidoff,
Librarian, College of Medicine,
Omaha, Nebr.

Dear Madam: I wish to thank you for your graciousness in preparing the photocopies "Speech Training in the Aphasics". The copies are perfect, and the information very complete, and I am sure it must have taken you some considerable time to do the reesearch. I do appreciate it all very much.

Also the book, Aphasia Therapeutics is very valuable and informative. I am returning same in this mail.

Sincerely,

Arthur W. Anderson, M.D.

—

September 18, 1967.

Mrs. Hetner: Dr. Lemon relayed message from Wendell Fairbanks, M.D., of Auburn, Nebraska. Dr. F. was pleased with our services especially the speed with which the information got to them.

HIRAM D. HILTON, M.D., WILLIAM T. GRIFFIN, M.D.,
Lincoln, Nebr., November 16, 1967.

UNIVERSITY OF NEBRASKA, COLLEGE OF MEDICINE,
Assistant Librarian,
Omaha, Nebr.
(Attention Mrs. Davidoff).

DEAR MRS. DAVIDOFF: Thank you very much for the articles on acute cholecystitis. In answer to your question, yes, three years search would be sufficient.

Thank you again for the articles and I am amazed at the speed with which they were forwarded.

Sincerely,

WILLIAM T. GRIFFIN, M.D.

—

H. G. AHRENS, M.D.; R. L. HAAG, M.D.,
Lincoln, Nebr., November 28, 1967.

MISS MARCIA DAVIDOFF,
Assistant Librarian for Extramural Affairs, Medical Library, University of Nebraska College of Medicine, Omaha, Nebr.

DEAR MISS DAVIDOFF: I would appreciate having copies of material you have available on Ulnar Styloid fractures, complications and treatment. Thank you very much for filling my recent request for material on Marfan's syndrome. This service is one that is extremely helpful.

Sincerely,

H. G. AHRENS, M.D.

—

LINCOLN CLINIC,
Lincoln, Nebr., December 1, 1967.

MISS MARCIA DAVIDOFF,
Assistant Librarian for Extramural Programs,
University of Nebraska, College of Medicine, Omaha, Nebr.

DEAR MISS DAVIDOFF: I have received both sections of my requested bibliographies. I appreciate the apparent completeness of your search of the Index Medicus, as well as the rapidity with which these references were made available.

Sincerely yours,

JOSEPH E. STITCHER, M.D.

—

JACK E. KAUFMANN, M.D.,
David City, Nebr., December 30, 1967.

TO LIBRARY STAFF, UNIVERSITY OF NEBRASKA, COLLEGE OF MEDICINE:

Thank you for your fine service to me this past year. I hope you will all have a Happy New Year, and may the good Lord bless and keep you.

Sincerely,

Dr. KAUFMANN.

P.S.—Will you please send me a photostat of an article about the diagnosis of the "Carpal Tunnel Syndrome?" Thank you.

—

CHAS W. MCLAUGHLIN, JR., M.D., JOHN D. COE, M.D.,
Omaha, Nebr., February 14, 1968.

MISS MARCIA DAVIDOFF,
Assistant Librarian, University of Nebraska,
College of Medicine, Omaha, Nebr.

DEAR MISS DAVIDOFF: My sincere thanks for your usual wonderful promptness in getting me the data for a clinic I have to give this Saturday on the subject of ulcerative colitis. I can't tell you what a real asset this service of the University Library for extra mural programs is to those of us who simply haven't the time to come over and wade through the stacks.

Again my thanks.

Most sincerely,

CHARLES W. MCLAUGHLIN, Jr., M.D.

APRIL 9, 1968.

DEAR MISS DAVIDOFF: Thank you for the reprints on gas gangrene. I am now a surgeon stationed on the Navy Hospital Ship *Repose* off the coast of Viet Nam. Our ship has one of the few hyperbaric oxygen chambers in S.E. Asia so we have had 7 cases to treat. The information you supplied was very helpful as this type of information is available only through resources like yours.

Thanks again.

Sincerely,

JOEL T. JOHNSON,
Lt. Comdr., USNR.

DEPARTMENT OF THE ARMY,
Sioux Falls, S. Dak.

MISS FAHEY,
Library, University of Nebraska College of Medicine,
Omaha, Nebr.

DEAR MISS FAHEY: Thank you so much for the articles I requested. I can't tell you how much it means to me to have access to a fine medical library. They just do not have the facilities here in South Dakota. Thank you again.

I would like to request the following articles:

Bourne, G. Classification of Premature Ventricular Beats, Quart. J. of Med., 20, 219, April 1927 (25 pages).

N. HOLLANDER, CPT., MC, USA.

STATE OF NEBRASKA,
Lincoln State Hospital, Lincoln, Nebr.,
February 17, 1969.

MEDICAL LIBRARY,
University of Nebraska,
Omaha, Nebr.

DEAR SIR: I deeply appreciate your kindness and promptness in supplying the interesting articles on the XYZ Chromosome Abnormality. This material has been received and is deeply appreciated.

Cordially,

RAYMOND C. POGGE, M.D.

NEW HAMPSHIRE

DARTMOUTH COLLEGE LIBRARIES,
DANA BIOMEDICAL LIBRARY,
Hanover, N.H., March 25, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: I am writing to solicit your support of an expanded Medical Library Assistance Act and I would like to describe to you some of the benefits our state has gained from the use of funds from this Act.

As the only Medical Library in the state of New Hampshire, Dartmouth College feels a deep obligation to provide library service to any member of the medical profession requiring such service. However, as a privately supported college it is very difficult to justify financially and before federal funds were available, only marginal service could be offered to physicians outside our own immediate geographical area. As a result of the use of federal funds from the Medical Library Assistance Act, this library has been able to provide individual library service to any member of the medical profession in the state. Free photocopies of journal articles are mailed to physicians, books may be lent through local libraries and a teletypewriter has been installed to facilitate service throughout the state. The funds have also allowed the library to expand and widen it's collection, so that we are better equipped to fill the demands made by medical research workers in this state.

Your support of the Medical Library Assistance Act will assure the physicians of New Hampshire of continued library service and will be greatly appreciated.

Sincerely,

JUNE I. HICKS, *Biomedical Librarian.*

NASHUA N.H., *May 19, 1969.*

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR MR. YARBOROUGH: I am writing to express my gratitude to Congress for the assistance to community hospital libraries rendered under the Medical Library Assistance Act. The funds made available have permitted us here in Nashua to obtain through our Nashua Memorial Hospital Library copies of articles which are not contained in our small journal library. This means that any physician no matter how far away he may practice from a sizable medical library, has the entire world medical literature at his disposal. It is high time that the Congress began to pay more attention to making some of the fruits of medical research available to the great mass of practitioners and through them to the great mass of the American people. It does little good to expend vast sums on research if the information cannot be readily utilized by those who need it in the daily practice of medicine.

Sincerely yours,

SIDNEY CURELOP, M.D.

NEW JERSEY

RUTGERS—THE STATE UNIVERSITY,
New Brunswick, N.J., April 28, 1969.

Hon. RALPH YARBOROUGH,
Chairyman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: Rutgers University received one of the first grants awarded under provisions of the Medical Library Assistance Act. Construction of the 79,000 square foot Library of Science & Medicine building now is well underway.

Scientists require an organized and conveniently accessible collection of the literature basic to their research—a comprehensive library. Their literature oriented research demands the service of a library properly housed and staffed as well as equipped to call upon broader resources.

These are the advantages which, in the Library of Science & Medicine, accrue to personnel in the medical school and graduate science areas basic to medical research. Rutgers owns 125,000 volumes, a good potential on which to build. The materials are, however, scattered in small collections in distant locations grossly inconvenient of access. Research people interrupt their activities and travel to libraries outside of New Jersey when their work requires a comprehensive literature review.

The new library will change that; the visual dimensions of the building under construction has done more for morale than any other single factor to date. Local efforts at fund raising were good, but insufficient to the task. Without help from the Medical Library Assistance Act, a facility adequate to the service requirements and spacious enough to accommodate orderly growth of the collections could not have been built.

Rutgers will serve its own personnel and will take a functioning place in the still incipient network of libraries serving the biomedical research community. Your support in extending the Medical Library Assistance legislation will assure us of strong partners in this significant effort.

Very truly yours,

JAMES W. BARRY, *Librarian.*

CAMDEN, N.J., *May 2, 1696.*

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: I would like to strongly urge the continuance of the Medical Library Assistance Act, which is due to expire this summer. I am a member of the Library of the College of Physicians of Philadelphia, and the assistance rendered by it to the surrounding communities, in addition to being a back-up facility for the medical school libraries in the City of Philadelphia is inestimable.

Being on the Staff of the Jefferson Medical College, my colleagues and I find the College of Physicians Library a very important part of our teaching program. I would strongly urge the continuation and expansion of the Medical Library Assistance Act as one of the truly fine things that Congress has done.

Very cordially yours,

FRANCIS X. KEELEY, M.D.

NEW YORK

THE UNIVERSITY OF ROCHESTER,
SCHOOL OF MEDICINE AND DENTISTRY,
Rochester, N.Y., April 14, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SIR: The Medical Library Assistance Act of 1965 has provided invaluable aid to the Edward G. Miner Library of the University of Rochester in its effort to disseminate health sciences knowledge and information to members of the health sciences professions.

In the past two years, the Miner Library has spent its Resources Grant Awards of $29,116 in 1967/68 and $24,262 in 1968/69 for books and periodicals which could not otherwise have been purchased. Ongoing and expanded programs of research and teaching at the University of Rochester School of Medicine and Dentistry were better supported through the purchase of these books and periodicals. Books and new subscriptions in the fields of endocrinology, psychiarty, pharmacology, neurology, nursing, ophthalmology, public health, and biochemistry were among the many purchased. Additional volumes in the field of rehabilitation were added in support of our own Rehabilitation Unit and the rehabilitation agencies of Monroe County who have access to the Library. The Library reference collection was improved with the addition of needed bibliographies and indexes. Books on the medical aspects of deafness were purchased for use of the University's personnel and those connected with the National Technical Institute for the Deaf, a new program sponsored by the Rochester Institute of Technology. Medical libraries from the surrounding eleven-county area and members of the SUNY Biomedical Communication Network (particularly SUNY of Buffalo and the Upstate Medical Center) benefitted by the increased availability of materials and resulting prompt service. Filled interlibrary loan requests increased from 1,486 in 1967/68 to 2,091 in 1968/69 or 41 percent during the first seven months of our fiscal year.

Having the books and periodicals purchased from grant funds available in the Miner Library considerably decreased the time necessary to supply users with the volumes requested since it was not necessary to borrow them on interlibrary loan. Since most of the books purchased with resource grant funds were specifically requested by faculty members, the need for their presence in the collection is well established. These books are made available to the users immediately upon receipt.

In September 1968, the Miner Library began acting as a regional resource library for the Rochester Regional Research Library Council, filling interlibrary loan requests from college, hospital, public, and business libraries in the area. Many of the items purchased by resource grant funds were loaned to or photocopied for other libraries as part of this service.

We greatly appreciate the much-needed support given to our Medical Library for the purchase of additional books and periodicals. Not only have the University's faculty, staff, and students benefitted from our expanded book collection, but also the medical professionals in the surrounding eleven-county area and individuals in other New York communities have been able to obtain the information they need quickly from our lbirary. As support from the resource grant diminishes, our needs continue to grow. The University has been generous in its support of the Medical Library, but it will need continued financial assistance from government sources in order to maintain and expand the broader acquisition program begun with our initial resource grant in 1967/68. In addition, expansion of our reading room facilities is imperative, a rebinding project must be started, and additional reference librarians must be hired to support the rapidly growing demand for bibliographic information from our own personnel and unaffiliated health professionals in the area.

We strongly urge renewal of the Medical Library Assistance Act and request your support for this legislation in Congress.

Very truly yours,

WILLIS E. BRIDEGAM, Jr.,
Medical Librarian.

VETERANS ADMINISTRATION HOSPITAL,
Albany, N.Y., April 1, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: As the Chief Librarian of the Albany Veterans Administration Hospital I can see where our medical library benefits indirectly from the Medical Library Assistance Act grants to other libraries. For our ever increasing demand for urgent interlibrary loans we have relied heavily on the Downstate Medical Center in Brooklyn and the Albany Medical Center. Both of these libraries are supported for interlibrary loan services by Medical Library Assistance grants.

I am a consultant on the library committee of the Albany Regional Medical program which is already involved in plans for establishing and strengthening the small community hospital medical libraries through continuing education programs and consultation. The VA libarians through the ARMP have offered their assistance and experience in this regard.

In my opinion the small community hospitals must feel there will be assistance available to enable them to maintain and expand a core collection and basic services for their personnel and their community. Knowledge that funds are available for the library will encourage hospital directors to participate in the ARMP's ideas for medical library development.

Sincerely yours,

MURIEL S. BROWN,
Chief Librarian.

Albany N.Y., April 1, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senator,
Washington, D.C.

DEAR SENATOR YARBOROUGH: As the Chief Librarian of the Albany Veterans Administration Hospital I can see where our medical library benefits indirectly from the Medical Library Assistance Act grants to other libraries. For our ever increasing demand for urgent interlibrary loans we have relied heavily on the Downstate Medical Center in Brookyln and the Albany Medical Center. Both of these libraries are supported for interlibrary loan services by Medical Library Assistance grants.

I am a consultant on the library committee of the Albany Regional Medical program which is already involved in plans for establishing and strengthening the small community hospital medical libraries through continuing education programs and consultation. The VA libarians through the ARMP have offered their assistance and experience in this regard.

In my opinion the small community hospitals must feel there will be assistance available to enable them to maintain and expand a core collection and basic services for their personnel and their community. Knowledge that funds are available for the library will encourage hospital directors to participate in the ARMP's ideas for medical library development.

Sincerely yours,

MURIEL S. BROWN,
Chief Librarian.

THE BROOKLYN-CUMBERLAND MEDICAL CENTER,
Brooklyn, N.Y., April 10, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: I am writing to strongly urge you to support the renewal and extension of the Medical Library Assistance Act.

Although I am a physician in the largest city in the U.S.A., I have found the Interlibrary loan which is supported by Federal funds invaluable in my work. With medical knowledge and literature increasing so rapidly, it is impossible for a library even in a moderate sized hospital to have more than a fraction of the medical literature available. The Interlibrary loan service makes it possible for physicians with widely separate and specialized interests to work and teach

away from the parent hospital, and yet have source materials easily available. This saves untold hours of specialized professional time and adds greatly to teaching and patient care.

Very truly yours,

GERTRUDE M. STERN, M.D.,
Director of Pediatric Ambulatory Services.

THE ROOSEVELT HOSPITAL,
New York, N.Y., April 15, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SIR: Perhaps the most dramatic development of the last two years is the way in which medical libraries, especially those in hospitals, have been strengthened by the Medical Library Assistance Act and have been able to give their users resources and services that had never before been possible.

Our Medical Library Resource Grant made it possible for us to become a participating member of the Medical Library Center of New York. Membership has made interlibrary loan service to our users so much easier and more efficient than it has been in the past! The Center's delivery service, the easy access to the holdings of all the resource libraries in the New York–New Jersey area, the advantage in many instances of free photocopies for which the Center assumes the cost—all these innovations have made the library's contribution to the hospital's programs very real and tangible.

With the remaining funds of our grant we have been able to purchase additional information retrieval tools which have greatly enriched our collection and capacity for literature searches.

Perhaps the most meaningful role a hospital library can play in the educational function of a hospital (with medical research a permanent part of this educational function, and better patient care its goal), is in information retrieval and in active information transfer. A library's "document delivery service" is literally that.

Since a library's physical facilities are an integral part of its function, the Medical Library Assistance Act can—with Construction Grants—assist the many libraries for whom the lack of adequate space has been and still is so crippling.

Those of us who have benefited from the Medical Library Assistance Act hope fervently that it will be renewed, and extended to more and more libraries. Better patient care can only be achieved by supporting education and research, and there can be neither education nor research without libraries.

Sincerely yours,

WINIFRED LIEBER, *Librarian.*

THE ALBANY MEDICAL COLLEGE OF UNION UNIVERSITY,
Albany, N.Y., April 29, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: I am not unaware of the tight money situation in Washington or of the need to estabsilh priorities in the area of Health spending. In fact the need for appropriate designation of high priority spending compels me to urge you to exert every possible effort for renewal of the Medical Library Assistance Act. If you are successful, Bureau of Budget can be tapped for some of the vital financial support needed: if not, medical libraries will fall even farther behind in their ability to meet the demands of all health professionals—an ever-expanding group.

Medical library grants received under the current legislation, though minuscule in relation to what was needed, were extremely catalytic in helping to move our medical college library toward mid-twentieth century standards. They have helped provide critically needed additional staff—without which, for instance, it would have been impossible to render the library service required by another major federal program—the Regional Medical Program. The additional staff and acquisitions in books and monographs have led to great improvement in the service provided all professionals and allied health personnel on our Medical Center staff.

Soon, medical school enrollment, which has been augmented twice within a two-year period, will be greatly increased when a new medical school addition is completed. That new construction includes a medical library with the space and facilities to meet well the present and increased demands. The cost of staffing this new library to provide the services needed will be prohibitive to this small private medical school and its very limiteed resources. Reasonable federal support for its most effective operation is truly a must. This is particularly true when it is considered that it services the health personnel responsible for the care of the two million inhabitants of our health orbit.

For these and many other reasons which others will relate to you, your enthusiastic support for the renewal and upgrading of the Medical Library Assistance Act will be greatly appreciated by the thousands who must fall back on this resource for extension of up-to-date heatlh knowledge.

Thank you kindly for developing a deep concern for the high priority rating of this Act. We implore that you take the leadership to ensure salvation and growth of this source of medical library support.

Sincerely,

HAROLD C. WIGGERS, Ph. D. Sc.D.,
Executive Vice President and Dean.

THE NEW YORK ACADEMY OF MEDICINE,
New York, N.Y., March 6, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: This Library received a generous resource grant under the Medical Library Assistance Act at a most critical moment in its history. As one of the major medical resource libraries of the country, it has long served the community with distinction. The proliferation of published materials in the health sciences after World War II created serious problems of over crowding and maintenance. The resource grant made it possible to reorganize and rehabilitate a major part of this collection. Available space for expansion of current materials was made possible by shifting thousands of the older volumes. Rebinding, repair and inventorying, has transformed the most important areas.

I cannot overemphasize the importance of this project in the continuing services of the Library. With increased demands for interlibrary loans and photo copying, the Library could not possibly have faced the future without the very necessary steps taken under the grant we received.

Sincerely yours,

GERTRUDE L. ANNAN,
Librarian.

THE BROOKLYN-CUMBERLAND MEDICAL CENTER,
Brooklyn, N.Y. April 7, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: I am Director of Pediatrics at one of the City hospitals in New York City affiliated to Downstate Medical Center with a large internship and residency program and teaching activities with medical students. I have found the interlibrary loan which is supported by Federal funds invaluable in my work. With medical knowledge and literature increasing so rapidly, it is impossible for a library even in a moderate size hospital to have more than a fraction of the medical literature available. The interlibrary loan service makes it possible for physicians with widely separated and specialized interests to work and teach away from the parent institution and yet have source materials easily available. This saves untold hours of specialized professional time and greatly adds to teaching and patient care.

The interlibrary loan service has added a new perspective and dimension to moderate size hospitals without large library facilities and has made teaching and learning on an even basis with university institutions. I feel that the interruption of such loans will create a tragic set of circumstances for the training

program of smaller hospitals and the advances that they have made will be sharply curtailed.

Thank you for your consideration.

Sincerely yours,

GABRIEL NIGRIN, M.D.,
Director of Pediatrics.

THE ALBANY MEDICAL COLLEGE OF UNION UNIVERSITY,
Albany, N.Y., May 1, 1969.

HON. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: Federal Assistance has aided the growth of Public and School Libraries for two decades, but those in the Health Professions had to wait until 1965. Then the passage of the Medical Library Assistance Act brought the much needed help to strengthen this vital educational component.

The Act was well conceived and in the short time of its existence, the beneficial effect is everywhere apparent.

Speaking from the standpoint of Albany Medical Center, which provides diagnostic procedures and medical care for sixteen counties in New York State and adjacent regions in Vermont, Massachusetts and Connecticut, the benefits of the Act have not only aided this institution, but many of the hospitals in the area.

To be more specific, Albany Medical College Library which serves the entire Albany Medical Center, is the recipient of a Resources Grant, now in its third year, that has enabled the library to boost its basic collection, purchase equipment, rebind old journals, add personnel and thereby generally improve services to the users.

Albany Medical College has applied for a construction grant under the Act; the plans for the much needed new library facility were approved by the National Library of Medicine and given a high priority. However, the funding has not taken place.

The creation of Regional Medical Libraries is beginning to have its effect; the New York Academy of Medicine has received funding for this purpose and will serve this State and Northern New Jersey. We use the New England Regional Medical Library, which is already rendering excellent service to that geographic region, whenever the ground rules permit this: i.e. when the material is unavailable in New York State and at the National Library of Medicine.

A good beginning has been made during the first five years of the existence of the legislation, but much remains to be done. The realistic funding on a permanent basis of all Regional Medical Libraries has yet to be realized. Indeed, the eleven projected Regional Medical Libraries are not yet in operation. Only five RML's are operative at this date and not all of these are yet funded to be fully effective.

Under the Construction Section of the Act, funding has barely begun to take care of the needs; NLM has "approved" many million dollars worth of urgently needed new health library facilities, but funding is woefully inadequate.

The remaining components of the Act need to be continued also; training; resources; research and development in medical library science and related fields; support of biomedical publications.

I, therefore, strongly urge that you lend your support not only to the extension of the existing legislation, but also to a realistic implementation through adequate funding.

Sincerely yours,

URSULA H. ANKER, *Librarian.*

APRIL 21, 1969.

HON. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SIR: I understand that hearings on the extension and expansion of the Medical Library Assistance Act of 1965 are about to begin. I would like to urge your support for improving and strengthening this program.

In the past four years, medical libraries have been able to strengthen their collections and expand their services to the health science professions because of the

help made possible through the Act of 1965 as administered by the National Library of Medicine.

This library alone has been able to offer photocopy service to non-profit institutions (primarily hospitals and medical schools), reference service, and expanded interlibrary loan on a broad basis. We are now filling some 7,000 requests a month for medical literature, acting as the major resource library in the tri-state area we serve: (Pennsylvania, ten counties of New Jersey, and Delaware). From the enthusiastic response from local medical libraries to our services, we know we are supplying a vital and needed service in the dissemination of medical information for the improvement of patient care, research, and medical education.

Sincerely,

Mrs. BEATRICE F. DAVIS,
Assistant to the Librarian.

THE UNIVERSITY OF ROCHESTER,
Rochester, N.Y., March 20, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SIR: The Medical Library Assistance Act of 1965 has provided invaluable aid to the Edward G. Miner Library of the University of Rochester in its effort to disseminate health sciences knowledge and information to members of the health sciences professions.

In the past two years, the Miner Library has spent its Resources Grant Awards of $29,116 in 1967/68 and $24,262 in 1968/69 for books and periodicals which could not otherwise have been purchased. Ongoing and expanded programs of research and teaching at the University of Rochester School of Medicine and Dentistry were better supported through the purchase of these books and periodicals. Books and new subscriptions in the fields of endocrinology, psychiatry, pharmacology, neurology, nursing, ophthalmology, public health, and biochemistry were among the many purchased. Additional volumes in the field of rehabilitation were added in support of our own Rehabilitation Unit and the rehabilitation agencies of Monroe County who have access to the Library. The Library reference collection was improved with the addition of needed bibliographies and indexes. Books on the medical aspects of deafness were purchased for use of the University's personnel and those connected with the National Technical Institute for the Deaf, a new program sponsored by the Rochester Institute of Technology. Medical libraries from the surrounding eleven-county area and members of the SUNY Biomedical Communication Network (particularly SUNY of Buffalo and the Upstate Medical Center) benefitted by the increased availability of materials and resulting prompt service. Filled interlibrary loan requests increased from 1,486 in 1967/68 to 2,091 in 1968/69 or 41 percent during the first seven months of our fiscal year.

Having the books and periodicals purchased from grant funds available in the Miner Library considerably decreased the time necessary to supply users with the volumes requested since it was not necessary to borrow them on interlibrary loan. Since most of the books purchased with resource grant funds were specifically requested by faculty members, the need for their presence in the collection is well established. These books are made available to the users immediately upon receipt.

In September 1968, the Miner Library began acting as a regional resource library for the Rochester Regional Research Library Council, filling interlibrary loan requests from colleges, hospitals, public, and business libraries in the area. Many of the items purchased by resource grant funds were loaned to or photocopied for other libraries as part of this service.

We greatly appreciate the much-needed support given to our Medical Library for the purchase of additional books and periodicals. Not only have the University's faculty, staff, and student benefitted from our expanded book collection, but also the medical professionals in the surrounding eleven-county area and individuals in other New York communities have been able to obtain the information they need quickly from our library. As support from the resource grant diminishes, our needs continue to grow. The University has been generous in its support of the Medical Library, but it will need continued financial assistance from government sources in order to maintain and expand the broader acquisi-

tion program begun with our initial resource grant in 1967/68. In addition, expansion of our reading room facilities is imperatve, a rebinding project must be started, and additional reference librarians must be hired to support the rapidly growing demand for bibliographic information from our own personnel and unaffiliated health professionals in the area.

We strongly urge renewal of the Medical Library Assistance Act and request your support for this legislation in Congress.

Very truly yours,

WILLIS E. BRIDEGAM, Jr.,
Medical Librarian.

NORTH CAROLINA

THE UNIVERSITY OF NORTH CAROLINA,
Chapel Hill, N.C., April 18, 1969.

HON. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SIR: The Medical Library Assistance Act has not yet solved all our problems, but in certain respects it has certainly ameliorated them, and we hope for its continuing help.

As a relatively new library, serving schools of dentistry, nursing, pharmacy, and public health, as well as a medical school and hospital, the Health Sciences Library of the University of North Carolina, in spite of much advance planning and effort by a library committee in th e1950's had incomplete files of many important research and clinical journals. This was particularly true in dentistry, though by no means confined to that field. Funds from the Medical Library Assistance Act have helped in completing these files, as well as enabling us to add many important new books and journals, not only in medicine but even more in nursing and pharmacy.

The library has also been able to employ two new staff members to help in adding to our collection and servicing the material added. One of these people, the reference assistant, a recent library school graduate, is not only helping us cope with our heavy reference load, but we think she is learning a great deal, from our more experienced staff, about bio-medical and related library materials and services.

We have not issued a separate publication, but have cooperated with the Duke University Medical Center Library in preparing an automated union list of serials in the "VINCKY" group, an informal organization of medical libraries in Virginia, North Carolina, and Kentucky, which exchanges material freely and uses teletype, Xerox, and other modern communication devices to expedite this interchange.

The Health Sciences Library is increasingly active in supplying reference help and interlibrary loan services to physicians and other health personnel throughout the state. This of course increases our need for materials, equipment, and staff. We also need space, for although we have a new library building in progress, its stack space will not be really adequate for the growing collection, and we will need more equipment in electronic and audiovisual fields if we are to serve the health professions of our state really well. The already planned addition of three more stack floors to the new building may have to wait for a few years, but the demands for help from our library cannot wait, and we look forward to having further help from the Medical Library Assistance Act in meeting them.

Like other medical libraries, we are engaged in the continuing effort to prepare enough physicians, nurses, dentists, pharmacists, and public health personnel to meet the incessant demands of an ever-increasing population for more health services. For the successful accomplishment of this aim, we need not only continuing but even increased aid from the federal government.

Yours very truly.

DOROTHY LONG, *Assistant Librarian.*

(170)

NORTH DAKOTA

STATE HOSPITAL,
Jamestown, N. Dak., March 19, 1969.

Senator RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare, Subcommittee on Health.

HON. SENATOR YARBOROUGH: This letter is in regard to The Medical Library Assistance Act of 1965 which I understand is coming before Congress in the near future for renewal.

As librarian of the Medical Library of the State Hospital, Jamestown, North Dakota, I would like to offer my views on this Act. Even though this library was not a recipient of any Federal funds instituted through the Medical Library Assistance Act, I feel it is a vital means of appropriating funds for just such libraries at the State Hospital Medical Library. Had we known of the benefits that could have been derived from this Act before this date, I am sure we would have requested aid for this Library's needs.

This library is handicapped, budget wise, to provide adequate and qualified help, construction aid for a larger library and equipment, research and development in related fields of medical science and other various miscellaneous needs. I am sure there are many other libraries throughout the United States issuing similar requests for their individual needs which cannot be alleviated by their local or state budgetary funds.

Therefore, I join with many other librarians in supporting the renewal of this Act with possible additional funding to grant the consistent needs of growing libraries.

Sincerely,

MRS. LAURIE REULE, *Staff Librarian.*

STATE HOSPITAL,
Jamestown, N. Dak., March 24, 1969.

Re Medical Library Assistance Act renewal.

Hon. RALPH YARBOROUGH,
U.S. Senate, Committee on Labor and Public Welfare, Subcommittee on Health.

DEAR SIR: We urge renewal of this Act and if possible additional funding for direct aid to Medical Libraries of Health Institutions.

Sincerely yours,

HENRY A. LAHAUG,
Hospital Administrator.

(171)

OKLAHOMA

THE UNIVERSITY OF OKLAHOMA MEDICAL CENTER,
Oklahoma City, Okla., April 22, 1969.

HON. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: This letter is to request your support of legislation to renew and strengthen the Medical Library Assistance Act of 1965.

This Act has been of substantial benefit to the Medical Center, and, indeed, to the entire state of Oklahoma. Following is a summary of Grants awarded and pending to the University of Oklahoma Medical Center under the Medical Library Assistance Act:

GRANTS AWARDED

Resource grant:

1967/68	$20,882
1968/69	17,440

These grants have been used to: 1) purchase current informational materials, 2) bind journal volumes, 3) pay partial salaries for cataloging department personnel, and 4) procure and support a TWX machine for interlibrary loan communication.

Research fellowship: 1968/69—$10,046.00 (R. Palmer Howard, M.D.)

Awarded to allow Dr. Howard to obtain further training in order to give better leadership to the History of Medicine Department, University of Oklahoma Medical Center.

The following application has been approved, but not funded:

Construction Grant: $1,201,059.00.

"This application is for participating funds to construct a new Health Science Library at the University of Oklahoma Medical Center to enable the Library to participate actively in educational programs and to support in a meaningful fashion practicing health professionals in the Oklahoma Region. . . ." (From the Introduction of the Grant Application.)

The following applications are pending. I believe that both these projects will be funded.

Resources Grant: 1969/70—$12,876.

This grant will be used to continue the present acquisitions program, the binding program, and support of the TWX.

Research Grant: 1969/71—$23,396.00 (R. Palmer Howard, M.D.).

This grant will support a study to describe and analyze the historical changes in the health and medical practices of the people of the Indian and Oklahoma Territories during the period 1865–1900.

Funds which have been awarded are being advantageously used to improve information services to health practitioners and researchers in the State. The Medical Center and the State of Oklahoma stand to gain even greater benefits when the Construction Grant is awarded. I sincerely believe that the Medical Library Assistance Act should be renewed, and that additional funds should be made available, for the following reasons, among others:

1. Support for biomedical libraries has in the past been small, compared to all funding available for research, teaching and patient care. Libraries have been hard-pressed to serve greatly-expanded programs funded by various grants, etc.

2. Support for biomedical libraries directly and indirectly benefits all aspects of the health community's efforts.

3. With proper support, existing libraries can become more active in disseminating information, rather than simply acting as repositories for man's accumulated medical knowledge. This, I believe to be of primary importance in today's rapidly changing world of medicine.

Thank you for your assistance in this matter.

Sincerely,

JAMES L. DENNIS, M.D.
Vice President and Dean.

OREGON

UNIVERSITY OF OREGON MEDICAL SCHOOL LIBRARY,
March 20, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate

DEAR SENATOR YARBOROUGH: Funds made available by the Resources Grant from the National Library of Medicine through the Medical Library Assistance Act of 1965 have been greatly appreciated by the University of Oregon Medical School Library. The Library received $24,010.00 in 1967, $20,032.00 in 1968 and has just now been awarded a grant of $14,824.00 for the calendar year 1969.

Two full years have been completed during which time funds were used in the following manner:

1. *Acquisition of books and periodicals*

During these two years, books and back sets of periodicals have been purchased to augment our collection. A survey of our periodical collection was made while preparing a listing of our holdings for the Union List of Periodicals, noting where there were missing volumes. These volumes are now in the process of acquisition.

With the increased number of graduate students enrolled, need for additional library resources at the doctorate level has become apparent and has been purchased using grant funds. As an example, material in the field of Medical Psychology is now being requested and is being supplied to fill the demands of graduate students in this subject area.

One single purchase through the grant has been most welcomed by all departments of the Medical School, but particularly by our library staff. This is the Royal Society of London, Catalog of Scientific Papers, 1800–1900, 19 volumes which cost $852.00. References found in this collection are not to be located in any other source.

During the year 1968, Ergebnisse der Mikrobiologie, Immunitatschforschung und experimentellen Therapie, was purchased for $1,325.00. A new edition of Collier's Encyclopedia and the Encyclopedia of Philosophy were also purchased.

2. *Personnel*

Three non-professional employees were added to the staff in 1967 and are still employed. With their continued assistance, work in the acquisitions, catalog and serials divisions of the Technical Services Department has proceeded on an even keel. These employees also assist in the Circulation Department. Beginning with the calendar year 1969 one of these positions has been funded by the Medical School.

3. *Data processing*

A. *Stack Directory Project:* Preparation of our Stack Directory of Serials was begun in 1967 through use of grant funds and was completed in July 1968. Since the print-out of the Stack Directory, we have modified our additional programs for current listing and data for internal processing. With these modifications we will have an embryonic serials processing system which will not automate our serials records at this time, but will produce data concerning our files which will enable us to design an automated serials processing system in an intelligent manner.

Equipment: Currently we are using an IBM 1410 system with two tape and two disk drives, with a 1600 line-a-minute chain printer for our output. The computer facility is at the Multnomah County Intermediate Education Division and is directed by Mr. James Gunderson. We will consider rewriting for a tape system during the summer of 1969. Miss Daphne Allen is responsible for this continuing project.

33-703—69——12

B. *Union List Project:* A pilot project for the *Library Automation Committee of the Oregon State System of Higher Education.*

Participating Libraries:

Portland State University
University of Oregon Medical School
University of Oregon Dental School
Oregon Regional Primate Research Center

Keypunching has begun for the Union List File, while the preparation of the coding sheets for the remaining of the alphabet continues. The computer programs used are those developed by Mrs. Jacqueline Felter, Director, Medical Library Center of New York. In 1967 we purchased these union list programs from grant funds together with a prepunched card file of titles and bibliographic data. It is from this existing file that we pulled data for our Stack Directory Project. The programs and file were made available for the cost of the materials and the computer time for reproducing the cards.

Staff: Data is being prepared by the staff of each of the participating libraries.

Equipment: Arrangements have been made to use the IBM 1410 at the Multnomah Intermediate Education Division for at least the preliminary run of a sample print-out. We hope that we will be able to secure funds to support this project once we have completed a demonstration of what the programs will produce for the participating libraries.

Currently two other groups in the Pacific Northwest have decided to adopt the programs produced by the Medical Library Center of New York:

Northwest Association of Private Colleges and Universities
Pacific Northwest Regional Health Sciences Library

It is hoped that through co-operation with these groups we can develop a title-holdings information system for the Pacific Northwest to aid us in locating periodical literature for our patrons.

4. *Travel:* Over the two year period our professional library staff has benefited by attendance at professional library meetings, work shops, and institutes using funds provided by the grant. Attendance at annual meetings of Special Libraries and the Medical Library Association has broadened our horizons and has meant an improvement in services and an increase in the use of its resources.

5. *Supplies and Equipment:* In order to facilitate the acquisition and processing of books and periodicals and to provide supplies for the data processing project, several items of supplies and equipment have been purchased.

6. *Construction of an Acquisitions and Catalog Division of the Technical Services Department.* The need for additional space for the acquisitions and catalog divisions of the Technical Services Department has been apparent for some time. Grant funds made it possible to provide an additional 100 square feet of space for these divisions in the general work area on the Stack 4 level. The cost of this construction was $2,388.34. Cost of furnishing the room was paid for by the Medical School. This area was completed in April 1968 and has proved most satisfactory. The area vacated by these divisions has been taken over by the Serials Division, thus consolidating their operations without remodeling.

7. *Communications* (Services):

TWX (Teletypewriter Exchange System) for Interlibrary Communication. On October 1, 1968, operation of the Pacific Northwest Regional Health Sciences Library, University of Washington, began. The need for direct communication at a cost less than telephone and with the provision of a record of interlibrary messages for interlibrary loan purposes, was recognized. A TWX instrument was installed in August 1968. Rental costs of the machine have been budgeted through the grant with line charges paid for by the Medical School. This added arm to interlibrary borrowing and lending has greatly facilitated this aspect of library services to our user public. With 99 graduate students in the various medical school departments, need for Interlibrary Borrowing is increasing.

The detailed explanation of our use of the Medical Library Assistance Act Library Resources Grant from the National Library of Medicine indicates the many facets of the operation of a Medical School Library which operates to "disseminate among health scientists and practitioners the ever increasing volume of knowledge and information which has been developed in the health science field." Continued funding of this act for all Medical School Libraries seems imperative if these libraries are to maintain their role in the education for the health professions.

Yours very truly,

MARGARET E. HUGHES, *Librarian.*

UNIVERSITY OF OREGON MEDICAL SCHOOL,
OFFICE OF THE DEAN,
March 23, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: I am writing regarding extension of the Medical Library Assistance Act.

The explosion of medical scientific knowledge during the last two decades has created a problem of great magnitude for all practitioners, teachers, and students of medicine in keeping abreast of new developments. They all look to medical schools for not only their basic education but for assistance with continued learning throughout their professional careers. The Medical Library is one of the most important factors in achieving this objective.

The University of Oregon Medical School Library is the only medical library in the state of Oregon and serves not only this state but adjacent states which have no medical schools. Our library is subject not only to the inflationary factors in our economy but to the need for expansion of books, periodicals and personnel to meet current demands.

The grants we have received through the Medical Library Assistance Act have been an important factor in the advancement of our Medical Library and have supplied funds that would not have been available to us from other sources.

Sincerely yours,

CHARLES N. HOLMAN, M.D., *Dean.*

PENNSYLVANIA

BEAVER FALLS, PA., *May 28, 1969.*

HON. RALPH YARBOROUGH,
U.S. Senate,
Senate Office Building, Washington, D.C.

DEAR SENATOR YARBOROUGH: As you know, the volume of medical knowledge and literature is expanding at an exponential rate over the last several decades. For this reason it is obviously impossible for the practicing physicians to maintain more than an acquaintance knowledge of much of the medical innovations that are occurring today. Continuing medical education for the physician in practice is now a very difficult problem. You realize the seriousness of this situation and the need for continuing education for the physician in practice. He is the one that brings the quality medical care to the bulk of the patients. Therefore we need as much help as possible to obtain and understand the new medical literature. It is therefore obvious that we must rely on local medical libraries.

The local medical libraries can be maintained by the staff as we are in the two small hospitals with which I am acquainted. However, we can obtain the journals, but it is still difficult to get the knowledge to the physician. There are many aids available these days. This is included in the educational television and the new Medlars. We need this type of help so that we can have a place to turn for in depth information dealing with a particular problem. I believe we have found that once we face a particular medical problem, if we can obtain all the information available for that particular problem at that time, we handle it much better besides obtaining knowledge upon which we can rely for the next several years. This type of assistance obviously cannot be maintained by the local medical groups and will require national organization. Therefore, it is our hope that when you review the Medical Library Assistance Act due to expire this summer, you will keep these points in mind.

Sincerely yours,

EDWARD W. HEINLE, JR., M.D.

EDWARD L. BAUER, M.D., ALDEN PARK MANOR,
Philadelphia, Pa., May 21, 1969.

HON. RALPH YARBOROUGH,
U.S. Senate:

Throughout my life I have found a great need for free library service. Naturally I found a great field therein to enhance my studies in the broad field of factual education in history, sociology, philosophy and later in medicine.

The humble beginnings of libraries discouraged many of my age group, but to those of us who persisted it has been an uphill but rewarding experience.

I could not have been so productive in teaching, research or writing, without good libraries. After my retirement I still leaned on the libraries at Jefferson Medical College, the College of Physicians of Philadelphia, Bethesda, Library of Congress, Smithsonian Institution, Walter Reed, the Free Library of Philadelphia, and Harvard. As a result I have published for the laity, "Doctors Made in America," J. B. Lippincott Co., 1963, and "Profile of a Gentle Man," Christopher, 1967. At present the expansion of Library service has made it possible to find research material to write a hitherto poorly explored phase of the Civil War. It is in press; "Miracle at Antietam."

Youth needs good libraries, various students, the active research workers, and those of us in the autumn of life need your help in sustaining these institutions, the backbone of progress in civilization.

Respectfully submitted,

EDWARD LOUIS BAUER, M.D.,
Professor of Pediatrics Emeritus.

UNITED HOSPITAL, INC.,
Beaver Falls, Pa., May 19, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: As Pathologist at United Hospital, Inc. in Beaver Falls, Pennsylvania and Chairman of its Library Committee, I am writing you on behalf of the Medical Staff of the Hospital to express our concern and hope for the continuation and expansion of the Medical Library Assistance Act which I understand will be expiring this summer.

The Medical Library in a small community hospital is an extremely important source of reference for new medical advances to the Staff. Our Library is in its infancy being reorganized only two years ago. In this short time, we have, on a local basis along with help from the State Medical Society, AMA and other library sources, been able to perform a very important and valuable service for the doctors and indirectly for their patients. This facility has rapidly become one of the important areas of the hospital and I should like to urge you to support the Medical Library Assistance Act in order to insure its continuation and if possible expansion.

Sincerely,

KENNETH E. CARLSON, M.D., *Pathologist.*

CHILDREN'S HOSPITAL OF PHILADELPHIA,
Philadelphia, Pa., May 20, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

MY DEAR SENATOR YARBOROUGH: I am writing to draw your attention to the great advances that have been made in the past 4 years in the retrieval of medical information from the Library of the College of Physicians of Philadelphia. I am a Senior Physician on the staff of The Children's Hospital of Philadelphia and have the responsibility both for the handling of patients who are referred to me for consultation and for the teaching of house officers and students. As you can well imagine, the ability to get hold of scientific literature easily and quickly is a tremendous asset to me in my work. In fact, such retrieval of information is essential for the best practice of medicine in this day and age. There is no question in my mind that this facility has been greatly improved in the last 4 years and I am writing to urge that you support further funds for the continuation and expansion of the Medical Library Assistance Act due to expire in the summer of 1969.

Yours sincerely,

T. F. MCNAIR SCOTT, M.D.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: With the Medical Library Assistance Act due to expire this summer, I would like to express my sincere hope that Congress will decide to continue and expand this program, which has been of the utmost value to users like myself.

As a faculty member of the University of Pennsylvania engaged in research and teaching, I and my staff have always found the resources of the College of Physicians to be invaluable, particularly for older literature and much foreign material. Since the College was designated as the Regional Medical Library for this area, we have found its service to be even more useful and dynamic. The Library has been able to take steps toward more modern methods of storage and dissemination of medical knowledge, and the momentum gained in this field should not be lost.

We have benefited greatly from such user services as the teletype interlibrary loan program, the messenger service provided to local medical libraries, and the xerox service. In this period of information overflow, any constructive effort to expedite the collection, storage, retrieval and in the past 4 years to make the College of Physicians a network center for collection and dissemination of such

knowledge have proved their worth, and should be just the beginning of expanded efforts.

Yours sincerely,

D. K. DETWEILER,
Director, Comparative Cardiovascular Studies Unit.

UNITED HOSPITAL, INC., *May 21, 1969.*

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

MY DEAR SENATOR: I note that the Senate is at this time discussing the Medical Library Assistance Act.

Recently, we instituted at this hospital, an up-to-date medical library along with an excellent library service that I have found to be of great value to me in my daily practice and research. This service is vital to the medical progress in patient care, research and education.

In the interest of better patient care, I am sure that Congress will vote favorably for extension of the Medical Library Assistance Act so that important medical education can be continued to me and all users of medical libraries. I am now appealing to you to urge re-appropriation of the Act.

Very truly yours,

MEDICAL STAFF,
C. E. DUNN, M.D.,
President.

UNITED HOSPITAL, INC., *July 12, 1969.*

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

MY DEAR SENATOR: I would like to lend my support to the continuation of the Medical Library Assistance Act.

We have recently expanded our library at United Hospital and obtained the services of a very competent librarian. This facility aids in the ability to have material retrieved on specific medical subjects. With this facility, we also are able to obtain reprints and photostats of articles contained in many larger libraries in the country.

I believe in the name of continued, good, medical care, adequate medical libraries are necessary.

Sincerely yours,

DEPARTMENT OF SURGERY,
W. P. COGHLAN, M.D.,
Chief of Service.

FRANCIS SCHUMANN, M.D.,
Philadelphia, May 6, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: It is my understanding that the Medical Library Assistance Act is due to expire this summer. I have for many years been privileged to have access to the Library of the College of Physicians of Philadelphia and feel you might like to know how much such a facility has meant to me. I am engaged in surgical practice in Philadelphia, have had most of my training here and have been connected with teaching institutions all of my professional life. In this type of work, one must refer to various sources of literature almost daily in order to be aware of the opinions of others and the many new developments. The task of housing and making available this astronomically large body of information falls upon such libraries as the Library of the College of Physicians of Philadelphia in this city. It is a very great benefactor both to our profession and to the public which it serves, and I feel that all the help and aid that can be extended to libraries of this sort should be rendered in a most generous fashion. I can assure you the reward is a very great one.

Sincerely yours,

FRANCIS SCHUMANN, M.D.

UNIVERSITY OF PENNSYLVANIA,
THE SCHOOL OF VETERINARY MEDICINE,
Philadelphia, May 5, 1969.

The Hon. RALPH YARBOROUGH
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: With the Medical Library Assistance Act due to expire this summer, I would like to express my sincere hope that Congress will decide to continue and expand this program, which has been of the utmost value to users like myself.

As a faculty member of the University of Pennsylvania engaged in research and teaching, I and my staff have always found the resources of the College of Physicians to be invaluable, particularly for older literature and much foreign material. Since the College was designated as the Regional Medical Library for this area, we have found its service to be even more useful and dynamic. The Library has been able to take steps toward more modern methods of storage and dissemination of medical knowledge, and the momentum gained in this field should not be lost.

We have benefited greatly from such user services as the teletype interlibrary loan program, the messenger service provided to local medical libraries, and the xerox service. In this period of information overflow, any constructive effort to expedite the collection, storage, retrieval and in the past 4 years to make the College of Physicians a network center for collection and dissemination of such knowledge have proved their worth, and should be just the beginning of expanded efforts.

Yours sincerely,

D. K. DETWEILER,
Director, Comparative Cardiovascular Studies Unit.

MAYVIEW STATE HOSPITAL,
Bridgeville, Pa., March 20, 1969.

Re: Medical Library Assistance Act

Hon. RALPH YARBOROUGH,
U.S. Senate

DEAR SIR: In reply to a letter we received from Mr. Sam W. Hitt, Chairman, Federal Relations Committee, Medical Library Association, we are writing to you in regard to the Medical Library Assistance Act.

We are pleased to be able to send an endorsement to you in regard to the many benefits that we have received from having received a grant under the Medical Library Assistance Act. We at Mayview State Hospital in the past three years have been in the process of renovating and increasing the use of our library for the professionals and other staff members of our hospital. Up until 1965, we had several collections of books located in various places throughout the hospital With an increasing emphasis on staff education, we found it necessary to integrate these collections into one library, and to make definite efforts to improve our library facility. Through an increase in our own budgetary allotments for the library, we on our own built a new library and furnished it. We have also broadened the base of the library to include all behavior specialties.

However, we have greatly relied upon the grant monies we received under the Medical Library Assistance Act to speed us along in this development. We received approximately $5,000 last year. This money was mainly spent in acquiring much-needed reference and general information materials for our library. We also utilized the money in replacing lost back issues of journals and in binding these back issues. The utilization of these grant monies in the library stimulated the use of the library by many more staff people in the hopsital than had formerly utilized the library, and we feel has been partially responsible for initiating interest among staff personnel for more educational programs throughout the hospital.

We are hopeful of obtaining more funds in the future for the development of our library. These funds will be utilized in setting up information services which will, we hope, render our library much more useful, not only to staff members of our hospital, but to professionals and students who live or work in the adjacent areas to our hospital. We are located over 15 miles from the nearest university library or library which would have material in the behavioral sciences.

We also have plans for training indigenous workers in some of the mental health areas, and hopefully this program will allow some to achieve an associate

degree at a two-year college level. These plans are being formed at present. However, they will depend upon the expansion of the facilities of our library, as well as upon other factors which are not directly applicable to the library.

We are, therefore, greatly interested in the continuation of this Act, and hope that more monies can be provided, as we have found it most useful to us.

Sincerely,

ROBERT ST. JOHN, M.D.,
Director of Medical Education and Research.

LIBRARY OF THE
COLLEGE OF PHYSICIANS OF PHILADELPHIA,
Philadelphia, Pa., April 21, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SIR: I understand that hearings on the extension and expansion of the Medical Library Assistance Act of 1965 are about to begin. I would like to urge your support for improving and strengthening this program.

In the past four years, medical libraries have been able to strengthen their collections and expand their services to the health science professions because of the help made possible through the Act of 1965 as administered by the National Library of Medicine.

This library alone has been able to offer photocopy service to non-profit institutions (primarily hospitals and medical schools), reference service, and expanded interlibrary loan on a broad basis. We are now filling some 7,000 requests a month for medical literature, acting as the major resource library in the tri-state area we serve: (Pennsylvania, ten counties of New Jersey, and Delaware). From the enthusiastic response from local medical libraries to our services, we know we are supplying a vital and needed service in the dissemination of medical information for the improvement of patient care, research, and medical education.

Sincerely,

MRS. BEATRICE F. DAVIS,
Assistant to the Librarian.

MAURICE AND LAURA FALK LIBRARY,
UNIVERSITY OF PITTSBURGH,
Pittsburgh, Pa.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate.

DEAR MR. YARBOROUGH: As you will soon be considering legislation for next year, I am sure you will welcome information on the benefits that have been achieved from previous appropriations.

Medical libraries have been the recipients of funds for the past two years that have eased critical shortages in their budget and have permitted the libraries to provide services to students, faculty, hospitals and other health agencies, and to industrial research laboratories that we cannot provide from our normal budgets. For example, this library has filled in most of our back sets of periodicals for the last 15 years so that now we can provide photocopy for over 90% of the requests we receive. Last year there were requests from all over Pennsylvania, seventeen different states and four foreign countries. This is a great saving to scientists whose time is valuable.

In addition, we have been able to provide counseling and other library services to a considerable number of hospitals in Western Pennsylvania where this help is so desperately needed. One of the President's commissions pointed out the importance of disseminating the scientific information, that has been made available, to the physicians in private practice and in the hospitals, and not just to the research scientists in the medical centers. It is through the development of these hospital libraries that we feel is one of the best methods to carry out this objective.

I hope that your committee realizes the importance of this service and will provide the funds to enable this work to be continued.

Very truly yours,

C. F. REYNOLDS, *Director.*

THE PENNSYLVANIA STATE UNIVERSITY,
THE MILTON S. HERSHEY MEDICAL CENTER,
Hershey, Pa., March 27, 1969.

HON RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

MY DEAR MR. YARBOROUGH: The Medical Library Assistance Act has greatly affected library services to students and faculty of this developing institution. It has enabled us, through book purchases, to develop our collection. It has also enabled us to develop, through data processing routines, a printed catalog of our journals and complete library holdings. One of the greatest advantages of the use of funds has been our ability to give direct, one-to-two day service to physicians within the entire State. This service consists of literature searches on specific subjects and the providing of photocopies of articles requested. There are over 12,000 members in the Pennsylvania Medical Society, and they have emphasized their appreciation of the service, both in the areas of patient care and continuing education.

During the year 1969, funds from the Medical Library Assistance Act will enable us to further develop our collection of books in the clinical fields. From the funds, we will also develop our collection of audio-visual materials; these will be used in a special suite built in the Library.

I strongly urge the renewal of legislation to continue the Medical Library Assistance Act.

Cordially,

GEORGE T. HARRELL, M.D., *Dean.*

CITY OF PHILADELPHIA,
DEPARTMENT OF PUBLIC HEALTH,
Philadelphia, Pa., March 25, 1969.

HON RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: In many projects in our Medical Library we feel we have definitely advanced the purpose of the Medical Library Assistance Act which has aimed to disseminate among Medical Clinicians and researchers the ever growing volume of health science information. Specifically, our completed projects have been to set up a large new Index-Abstracts consulting area for the medical staff, researchers, and medical students (see detailed description in attached report in Hospital Progress Magazine), a second stack area for bound journal volumes, an intercom system to page the doctors in any of four separate library areas, an office area for library staff, and an office for the head librarian. Our grant has also been utilized for binding a backlog of medical journal volumes, for a larger card catalog unit and for library lounge furnishings for the medical staff.

We are most grateful for the monies we have received through the Medical Library Assistance Act. We only wish it could be increased so that air-conditioning could be installed to improve the library facility for faculty, students and clinicians.

Cordially yours,

Mrs. HELEN LAKE,
Medical Librarian.

Enclosure.

Philadelphia General Hospital, Mrs. Helen Lake, medical librarian, amount of grant: $6,129

For several months the medical indexes and abstracts at Philadelphia General Hospital Medical Library were scattered about the reading room, the stack area and the floor. This chaotic condition was tolerated because of a lack of funds for shelving, and the shortage of suitable space for proper accommodations. Our Medical Library Resource Grant allowed us to renovate a reference room adjacent to the lobby and unite this scattered collection in one accessible room. The remodeled room is 40 x 60 feet and exceptionally attractive with its birch paneling, quiet blue and gold terrazzo floor, and glass doors and windows on two sides. Before refurnishing, it had served as a party room for interns and nurses, a reception room for special occasions, a conference room for the medical staff, and as an auditorium for graduation exercises. Now thanks in part to the grant, it has reverted to its intended purpose, a library facility.

Some of the new furnishings are: double faced metal library shelving consisting of standard three feet-wide sections, each unit of which has four

adjustable shelves and one slanting base shelf. Six rows of seven units each were placed in the reference room leaving a lounge section of approximately 15 x 40 feet at the entrance of the area. Out of the 42 total units, 21 were modified on one side to have two adjustable upper shelves with a fluorescent light attached to the underside of the lower shelf for illumination of a carrel study desk directly below. These study desks or modified carrel units are an integral part of the shelving units and are evenly distributed throughout. Over-all height of the shelving is 60 inches for easy availability of volumes. This arrangement accommodates approximately 2,000 volumes and provides seating room for 21 persons.

Only medical indexes and abstracts—some 40 titles such as *Biological Abstracts, Chemical Abstracts, Excerpta Medica, Index Medicus* and others—are housed in these new quarters. This reference room has been a boon to the staff of 500 visiting physicians, 90 medical interns, 10 dental interns, and 195 residents and affiliate residents from six local hospitals enrolled in one of the 15 approved residency training programs. It has also been welcomed by the junior and senior medical students from the Jefferson Medical College, the University of Pennsylvania School of Medicine, and the Hahnemann Medical College while on service as clinical clerks in our 1,700-bed teaching hospital. Our researchers and research trainees engaged in some 100 varied research projects in the Clinical Research Center, the Stroke Center, the Psychiatric Research Laboratories, and other departments and laboratories in the hospital publish approximately 100 papers annually for which the medical library is the primary library. Consequently, they, as well as the entire staff, are grateful for this new section for their required literature searching.

The improvements in the library made possible by the grant have had a salutary effect as evidenced by an increased interest in supporting the library, and a keener awareness of the services offered by the library. Some staff members have donated additional monies and furnishings.

The grant resulted from months of planning and preparation. Following the completion and acceptance of a letter of intent an application was submitted on June 7, 1966 to the National Library of Medicine. The following December, the NLM Assistance Advisory Board recommended approval of the application, but said that funds were insufficient at that time to make the award. On April 4, 1967 notice was received from the Chief, Facilities and Resources Division, Extramural Programs, NLM, that the award was imminent contingent upon submission of a brief summary of specific plans for the utilization of the funds and a proposed budget for the first year of the project. On May 1, 1967 monies for the first year of this five-year grant were appropriated.

All grant records and accounting responsibilities are maintained by the Grants Management Office under the hospital's director of research. Separate accounting records are maintained for recording receipts and expenditures related to the grant, and an annual fiscal expenditure report is prepared by the GMO. The records are audited annually by a certified public accounting firm.

PHILADELPHIA, PA.,
May 3, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: May I commend to your attention the imperative need for continuation and expansion of the Medical Library Assistance Act.

As a fully private practitioner, engaged in direct medical service to patients and their families, I cannot sufficiently express my gratitude and essential dependence on such libraries as that of the Institute of Pennsylvania Hospital and that of the College of Physicians of Philadelphia. Their service permits me to remain current in delivery of medical care, as well as developing an awareness of the confluence of factors that contribute to illness and to therapy.

On occasion, it is my privilege to teach younger physicians, as well as to have opportunity to speak on medical matters to general audiences. Organization of information and effectiveness of presentation require full use of library assistance.

In psychiatry, every patient is a research project. The understanding and the availability of ideas and conceptual skills that a library provides cannot be overemphasized as one of the most important instruments of research.

Please extend your most vigorous and unstinting support to a meaningful expansion of aid to medical libraries. You will be supporting a basic step to provision of medical care.

Sincerely yours,

HARRY G. GIANAKON, M.D.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA,
Philadelphia, May 1, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: I am writing to ask your continued support for the continuation and expansion of the Medical Library Assistance Act. As an Associate Professor of Medicine and Physiology at the School of Medicine, University of Pennsylvania, I have found the Library of the College of Physicians of Philadelphia a valuable resource, both in terms of current periodicals and as a source of reference material from prior years. The availability of the College Library is one of the real advantages of academic life in the Medical Schools of Philadelphia. While I continue to support the College thru my dues as a Fellow, it is quite clear that the continued expansion of the Library depends in an important way upon support thru the Medical Library Assistance Act.

Yours sincerely,

FRANK P. BROOKS, M.D.

TEMPLE UNIVERSITY HOSPITAL,
HEALTH SCIENCES CENTER,
Philadelphia, Pa., May 5, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: As a faculty member of a medical school which possesses good library facilities I would like to convey to you the value of and the excellent services we receive from our regional medical library at the College of Physicians of Philadelphia for material that is not immediately available at our own institution. The occasion frequently arises when reference material is needed on short notice, either because it is not in our library or because it is being used by other members of the faculty. On almost all occasions our regional library has been able to fill all our requests within a 24 hour period. These services are invaluable aids to the education of medical students, house physicians and faculty alike for the furtherance of their interests in research projects in progress or for the care of patients or for their own edification.

On the basis of these experiences may I urge you to lend your support for the continuation and expansion of the Medical Library Assistance Act which is due to expire this summer.

Thanking you for your consideration in this matter, I am

Very truly yours,

GEORGE I. BLUMSTEIN, M.D.,
Chief of Allergy Unit.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA,
Philadelphia, May 1, 1969.

Hon. HARLEY O. STAGGERS,
U.S. House of Representatives,
Washington, D.C.

DEAR CONGRESSMAN STAGGERS: I am writing to ask your continued support for the continuation and expansion of the Medical Library Assistance Act. As an Associate Professor of Medicine and Physiology at the School of Medicine, University of Pennsylvania, I have found the Library of the College of Physicians of Philadelphia a valuable resource, both in terms of current periodicals and as a source of reference material from prior years. The availability of the College Library is one of the real advantages of academic life in the Medical Schools of Philadelphia. While I continue to support the College thru my dues as a Fellow, it is quite clear that the continued expansion of the Library depends in an important way upon support thru the Medical Library Assistance Act.

Yours sincerely,

FRANK P. BROOKS, M.D.

THE JEFFERSON MEDICAL COLLEGE LIBRARY,
Philadelphia, April 16, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate Building,
Washington, D.C.

DEAR SENATOR YARBOROUGH: We are aware that Congress will shortly be concerned about the renewal of the Medical Library Assistance Act.

We at Jefferson Medical College recommend most highly that you support renewal of the act. We have been most fortunate in having been awarded resource grants that have helped us to build up and catalog our collection. We have, however, been more fortunate than most medical schools since we also received a library construction grant.

The construction grant has made it possible for us to begin the construction of our sorely needed library building. Without this grant this needed construction would have been considerably delayed. The library is so necessary to support the educational and research activities of the medical center. We are aware that many other schools, hospitals and medical organizations are also in need of new library space.

We urge you to support the renewal of the Medical Library Assistance Act which will help so much in furthering all aspects of medical library service to the country.

Respectfully yours,

RUSSELL W. SCHAEDLER, M.D.
Chairman of the Library Committee.

TEMPLE UNIVERSITY, HEALTH SCIENCES CENTER,
Philadelphia, Pa., April 1, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate.

DEAR SENATOR YARBOROUGH: The Medical Library Assistance Act is certainly benefiting the medical libraries around the country. The support provided by the Act is greatly appreciated. At Temple University the Health Sciences Center Library is being benefited in the following ways:

(1) A long overdue inventory of the collection is being conducted to determine how accurately the card catalog reflects the holdings of the library. Revision of the records will provide the user greater opportunity to make effective use of library materials.

(2) Subject areas in the collection that have of necessity been neglected are being strengthened with the acquisition of new materials with Medical Library Assistance Act funds. These subject areas include the basic sciences, nursing, and psychiatry.

(3) Longer hours are being maintained with additional student help paid by Medical Library Assistance Act funds. The longer hours provide users greater access to materials and provide gainful employment for needy student assistants.

(4) Certain library publications such as:

(*a*) Periodicals List,
(*b*) Monthly Booklist,
(*c*) Guide to the Use of the Health Sciences Center Library, and
(*d*) an Orientation film,

are being developed with funds provided by the Medical Library Assistance Act. The various publications mentioned publicize the holdings and services of the Library and serve to orient the students and faculty in the use of the services and collections.

Continued and increased support of medical libraries in the country by the Federal Government is essential to their programs of providing literature support and bibliographic assistance to faculty, students, practitioners, and others concerned with medical and health related activities involved with patient care, medical education, and scientific research.

Renewal of the Medical Library Assistance Act will ensure greater success for medical libraries than could be achieved without Federal support.

Sincerely,

JESS A. MARTIN,
Director, Health Sciences Center Library.

WOMAN'S MEDICAL COLLEGE OF PENNSYLVANIA,
Philadelphia, Pa., March 20, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SIR: The Medical Library Resources Grant Program has made possible a number of long-overdue improvements in the Medical School Library at Woman's Medical College of Pennsylvania. It seems appropriate that at this time we send you a brief outline of some urgent needs that are being met by even the admittedly limited funds which Congress was able to appropriate to carry out the Medical Library Assistance Act.

Because space for carrying out the first year's program under the Grant awards only became available in 1968, the renovations are just beginning to make themselves felt:

1. An area of approximately 700 square feet across the hallway from the main library has been remodeled and is being used as a periodical reading room.
2. A small office has been secured and furnished for the Librarian, adjacent to the Reading Room.
3. The renewal application for the third year program should make possible the addition of a sub-professional worker, a need that could not be met previously because of lack of office and work space.
4. It is proposed to acquire microform reading and printout equipment and microform copy of older files of periodicals to free shelf space for additional current material.

Indirectly our College Library, together with other medical school libraries in the area, also benefitted from the award of Resource Grant funds to the Library of the College of Physicians of Philadelphia. Photocopy in lieu of interlibrary loan of periodicals was undertaken by the College of Physicians, and proved a valuable service, even before designation of this Library as the Mid-Eastern Regional Library by the National Library of Medicine.

It seems appropriate to call these strides in better facilities, made possible through the Resources Grant Program, to your attention at this time. May I emphasize that more could have been accomplished if the funds could have been awarded in amounts more nearly approximating the needs expressed in the grant applications. We hope that your Committee on Labor and Public Welfare can give consideration to the extention of this Program by an even more generous funding of the Library Assistance Act than was originally possible.

Sincerely,

IDA J. DRAEGER, *Medical Librarian.*

THE HENRY PHIPPS INSTITUTE,
UNIVERSITY OF PENNSYLVANIA,
Philadelphia, Pa., May 8, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR MR. YARBOROUGH: I am writing you to urge that you use every effort possible to continue and expand the Medical Library Assistance Act which is due to expire this summer.

There is nothing more valuable to the schools of medicine of the country, to the teachers in the field of medical practice and to all practitioners than the availability of excellent medical library facilities. There is no single facility that is of greater importance to physicians than such a library. It is more essential than even a good laboratory.

With the rapid expansion in medical knowledge and with tremendous advances in the basic sciences related to medicine, it is particularly important that the physician be able to keep up-to-date by means of advanced library services. A great deal of new work is going on in the field of automation as related to library work and I am sure this will be needed in the future for new medical libraries.

Sincerely yours,

JOSEPH STOKES, Jr., M.D.,
Emeritus Professor of Pediatrics.

MEDICAL LIBRARY,
PRESBYTERIAN-UNIVERSITY OF
PENNSYLVANIA MEDICAL CENTER,
Philadelphia, Pa., May 8, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SIR: Will you please do everything in your power to make possible the continuation of the invaluable photoduplication and Xerox services, which we receive from the Mid-Eastern Regional Medical Library Program of the College of Physicians of Philadelphia? The enlarged and growing research staff at our Presbyterian-University of Pennsylvania Medical Center are both grateful and enthusiastic about the strongly supportive and tremendous help rendered to their many research projects. The Hospital Staff find these services immensely valuable in their work with patients and studies at our Hospital, thus, improvement in patient care and professional skills are twin fruits of these services. Nursing School instructors, nursing students, nurses, and nursing service in their use of these services to a lesser extent are helped to give the excellent patient care for which our Hospital is noted. Both they and Hospital Staff express satisfaction in the quality and availability of such services readily available at our Regional Medical Library, The College of Physicians of Philadelphia.

When the College of Physicians is unable to supply or procure elsewhere our requested journal articles or other library material, they order for us from the National Library of Medicine, which supplies prompt, efficient service. Usually the College can locate material for us in this area.

Our Medical Library has been able to supplement to an unbelievable extent our own small collection of books and journals by means of the photoduplication and Xerox services offered by the Mid-Eastern Regional Medical Library Program at the College of Physicians. We have been able to supply all requests of our borrowers with very few exceptions during the year that it has been available: June, 1968 to the present. Our Hospital has sent the largest volume of requests to the College of Physicians Library as shown in their quarterly reports on this Program. We are very grateful for these great services. To lose them would greatly hamper progress in health service, medical research, and future development of medicine in this medically important region, for, to many nonprofit hospitals and health institutions like our own these services are indispensable.

We will greatly appreciate your efforts to strengthen and continue these services.

Sincerely yours,

MRS. MARY F. KEATING, *Librarian.*

WEST PHILADELPHIA COMMUNITY MENTAL HEALTH CONSORTIUM,
Philadelphia, Pa., May 13, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SIR: As Director of the West Philadelphia Community Mental Health Consortium, I am deeply concerned, together with my staff, with the possibility of expiration of the Medical Library Assistance Act. I am writing to urge that you bend every effort toward continuation and expansion of the act.

The Consortium is a Community Mental Health Center, funded under federal, state, and city-county legislation, to provide comprehensive and continuous mental health care to a population of some 200,000 people in an urban area where the need is almost overwhelming. We are the operating arm of the University of Pennsylvania's Division of Community Psychiatry, so that in addition to patient care, we have many teaching and research obligations. Much of our operation, moreover, depends on training of paraprofessional personnel, most of whom are residents of the community and come to us with limited educational equipment. Finally, we have a heavy commitment to provide education and consultation to many caretaking agents and agencies in the community.

It may be said, therefore, that hardly a day passes in our organization without the need for access to a wide variety of medical literature. Our own library is extremely limited by shortages of funds, space, and personnel. We make exten-

sive use of the medical library of the School of Medicine of the University of Pennsylvania, of Philadelphia General Hospital, and of the College of Physicians, which are geographically close to us (as well as other medical libraries located in Philadelphia but at a somewhat greater distance). It may interest you to know, for example, that a procedure has been set up with the College of Physicians permitting our staff members to borrow, on signed authorization from our Headquarters, up to a total of 30 items for the total organization at any given time. A cut-back in service resulting from discontinuance of aid to such libraries could well be a serious menace to our programs.

Once more, in the interest of the population we serve, may we urge your support for continuing and expanding assistance to medical libraries. We thank you for your attention and cooperation.

Sincerely,

ROBERT L. LEOPOLD, M.D.

TEMPLE UNIVERSITY,
HEALTH SCIENCES CENTER,
Philadelphia, Pa., May 9, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate.

Hon. HARLEY O. STAGGERS,
U.S. House of Representatives,
Washington, D.C.

DEAR SIRS: I am writing to you as a practicing physician and a surgeon on the staff of Temple University Hospital. I hold a teaching appointment at Temple University Medical School as Professor of Surgery and I wanted to stress to you the basic importance of a top notch Medical Library Service, not only to me, but to my patients and to my students.

It is only with such a library, as we have had for a number of years at the College of Physicians in Philadelphia, that we are able to provide up to date and proper care to our patients in that references are immediately available for our own personal perusing and in addition to this we have other services such as searching, copying and summarizing not only in English but in other languages available to us.

The service that this library provides to our Medical Schools as a lending library and as a resource for our researchers and medical students really cannot be expressed, the value is so great. It is doubtful that we could carry on the high standard that we have in research and medical education without the availability of the library such as we now have available in Philadelphia.

There is no question that this library is going to be a vital resource for the entire geographic area in future years that is going to provide one of the basic essentials for the change and growth that must take place in medicine in the next ten and twenty years.

I should like to ask you to do whatever is possible to help us with the continuance of this Library Service in Philadelphia.

Sincerely,

R. ROBERT TYSON, M.D.,
Professor of Surgery.

RHODE ISLAND

BROWN UNIVERSITY,
OFFICE OF CONTINUING MEDICAL EDUCATION,
Providence, R.I., May 23, 1969.

Hon. RALPH YARBOROUGH,
Chairman, Committee on Labor and Public Welfare,
Washington, D.C.

DEAR MR. YARBOROUGH: As the Director of the Office of Continuing Medical Education at Brown University and Coordinator for the State of Rhode Island in the Tri-State Regional Medical Program, I am deeply concerned about the need for continued support by the Federal Government of the Medical Library Assistance Act. I believe that the Congress is considering renewal legislation in regard to this Act during the current session. One of the most urgent needs in providing the highest quality of medical care for the people of this country is the strengthening of continuing education in the community hospital and in the regional medical centers which provide these hospitals and the practicing physicians with consultation and education. Funds are needed for both staffing and construction of library facilities within medical centers which serve as regional medical libraries, and funds are needed for the continued growth and development of medical and health profession libraries in community hospitals which are used by practicing physicians and staff nurses.

If I may cite my personal experience in Rhode Island, there are 15 community general hopsitals of this state, and everyone of them is in urgent need of expansion of its library facilities and trained personnel to direct the operation of these facilities. New concepts in the development of community hospital libraries are on the horizon and it would be tragic if inadequate funds were provided in the year ahead in order to press forward with this important task which will have direct bearing on the health of the American people.

Sincerely yours,

HENRY S. M. UHL, M.D.,
Director, Continuing Medical Education.

(188)

TENNESSEE

UNIVERSITY OF TENNESSEE,
DEPARTMENT OF PEDIATRICS,
Memphis, Tenn., April 23, 1969.

Senator RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SIR: As chairman of the Library Committee of the Medical Units at the College of Medicine, University of Tennessee, Memphis, I seek your support in renewal legislation for the Medical Library Assistance Act.

The support through this legislation has been extremely important in the training of medical students and in the conduct of scientific research which reflects in improved medical care to the citizens of our nation.

Support which we have received in the past through the Medical Library Resource grant has been of great assistance to us in:

1. Filling in back files of important clinical serials.
2. Obtaining book and journal material in new subject research areas (e.g. "Materials Science Toxicology Program").
3. Starting our serial automation project through the rental of data processing machinery.
4. Making available, more rapidly, interlibrary loans through the installation of the TWX.

Local and state support has been inadequate to meet our needs and the demands for library facilities have become exorbitant in recent years. It is, therefore, urgent that federal aid be continued in this important area.

Sincerely yours,

JAMES N. ETTELDORF, M.D.,
Chairman, Library Committee, Medical Units.

MOONEY MEMORIAL LIBRARY,
THE UNIVERSITY OF TENNESSEE MEDICAL UNITS,
Memphis, Tenn., April 16, 1969.

Senator RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SIR: As the Chairman of the Senate Committee on Labor and Public Welfare, as well as Chairman of the Subcommittee on Health, may we ask your support in renewal legislation for the Medical Library Assistance Act?

We are very much interest in the continued training of our medical students, the research so vital to today's scientific discoveries, and the furtherance of medical care for the populace at large because all are closely allied in strengthening the health and well-being of our nation.

The support we have received, through the Medical Library Resource grant since its inception, has been of great assistance to us in—

(1) filling in back files of important clinical serials;
(2) obtaining books and journal material in new subject research areas [e.g., "Materials Science Toxicology Program"];
(3) starting our serial automation project through the rental of data processing machinery;
(4) making available, more rapidly, interlibrary loans through the installation of the TWX.

Taken together this has made it possible to provide more material for our clientele and more efficient and satisfactory service. The collection has been strengthened so that it meets the needs, more effectively, of the students and faculty of the University of Tennessee Medical Units as well as the professional staff in the Medical Center Complex and the metropolitan area.

Demands on educational and library facilities have become almost exorbitant in recent years. Support on a state and local level has proved unable to meet the spiraling needs. It is, therefore, urgent that federal aid be continued to strengthen these vitally important activities so pertinent to the lives of our people at every level.

My staff joins me in urging you to give strong support to the renewal of legislation pertinent to the Medical Library Assistance Act.

Yours sincerely,

M. IRENE JONES, *Librarian.*

VANDERBILT UNIVERSITY,
Nashville, Tenn., April 15, 1969.

Hon. RALPH YARBOROUGH,
Chairman, The Senate Committee on Health,
U.S. Congress,
Washington, D.C.

DEAR SIR: I am writing concerning the Medical Library Assistance Act (Public Law 89–291, October 22, 1965) for which hearings on its renewal will soon be held by your committee.

I am sure that you are aware of the importance of this law to medical libraries and through medical libraries, to health sciences personnel. Such importance is based on the needs of doctors, dentists, nurses, medical students, etc., for accurate, timely information with which they can approach the critical problems in education, patient care, and research. Medical libraries have used the benefits of the Medical Library Assistance Act to support the informational demands of health sciences users.

So that I will not bore you with long, philosophical statements about medical information and its problems; I present the following to indicate how we, at Vanderbilt, are using Medical Library Assistance Act monies to further the . . . "facilities and techniques necessary to collect, preserve, store, process, retrieve, and facilitate the dissemination and utilization of" . . . biomedical knowledge and information.

For the three years (1967–69) the Medical Center Library at Vanderbilt has received $48,646 from the Act, via the Medical Library Resource Program, with the following areas of application:

1. Training: Continuing education courses for staff members and special courses in medical bibliography.
2. Equipment: Microfilm/printer, dictating equipment, record player, labeling machine.
3. Informational Materials: Subscriptions to 100 basic journals, purchase of an index to a primary abstracting publication, and specialized monographs.
4. Special Activities: Preparation of a computerized union serial list of holdings of the Medical Library, development data processing techniques for the library's acquisition function.
5. Personnel: Personnel for more effective functioning of the library's acquisition function.

As can be seen, the Vanderbilt Medical Library has used the Medical Library Assistance Act in three main applications: purchase of additional informational material, and equipment in order to give the health sciences user a more useful data base; increasing the expertise of the library's staff in order that the user will have available a more effective interpreter of the health sciences literature; and development of more effective internal operations in order to bring informational material to the user in a more timely manner.

I ask that you and your committee give serious consideration to the renewal of the Medical Library Assistance Act. Without it, the fund of biochemical information available to the nation's health sciences personnel will be seriously affected. Of great importance is the need to *fund* as well as *approve* this Act to the maximum limits allowable, for an act without funds is useless.

Again, I request your positive action toward the renewal of the Medical Library Assistance Act.

Sincerely,

ROBERT S. TANNEHILL, Jr., *Interim Director.*

UTAH

UNIVERSITY OF UTAH,
MEDICAL SCIENCES LIBRARY,
Salt Lake City, March 19, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: The Medical Library Assistance Act of 1965 renewal legislation will soon be coming to your attention.

The University of Utah Medical Sciences Library is one of ten libraries which has benefited under the construction provisions of the Act. We were awarded a grant on January 15, 1969, of $1,121,450 or 73.7 per cent of the cost of our proposed project for a new Medical Sciences Library building.

The University of Utah has needed a medical library building for more than twenty years, and the planning for it goes back much farther. The need became emergent in 1965 when the College of Medicine moved to a new medical center, financed with such difficulty that a library had to be omitted temporarily from the plans.

Better than any words I could write of the Library's ordeal in the years that followed and the happy ending, are the two accompanying newspaper clippings dated three months apart. One is from the University student daily and the other from the Salt Lake Tribune.

The physical conditions at Utah were probably the worst of any medical library of comparable size in the country.

Through the grant which awarded us the last penny available to anyone under the Medical Library Assistance Act of 1965 construction program, our immediate problem will soon be resolved. Other applicants waiting may not be so fortunate.

Nearly every medical school in the country needs to expand, remodel or build new quarters for its medical library. The need for library support to education and research in the health sciences hardly requires emphasis. Yet, with rising costs and other pressing educational needs, medical schools can seldom raise sufficient funds locally for library construction without federal matching assistance.

May I urge you to support renewal of the Act and the recommendation to increase appropriations.

All parts of the Act have been effective, but funds for continuing the construction program are particularly important.

Sincerely yours,

Mrs. PRISCILLA M. MAYDEN,
Medical Sciences Librarian.

Enclosure.

FUNDS DELAYED—MEDICAL LIBRARY EXPANDING; CURRENT FACILITIES "INADEQUATE"

(By Rod Bland)

When the University Medical Center was planned, no provision was made for a medical library. The intent was to eventually construct a separate library bldg.

The Medical Sciences Library now exists in two rooms in the sub-basement of the Medical Center.

"We have 82,000 volumes, many rare and valuable, tightly shelved in 39,000 square feet of space, or slightly over 21 volumes per square foot," said Priscilla Mayden, Medical Sciences librarian. "The recommended maximum is eight volumes per square foot for medical libraries and our library is growing at the rate of 5,000 volumes per year."

SMALL STUDY AREA

Study spaces are available for 32 students. The library serves the Colleges of Pharmacy, Medicine and Nursing, and other scientific fields on campus.

By mid-afternoon, students often are crowded shoulder to shoulder, and some have to be turned away to find study space elsewhere, said Mrs. Mayden.

The medical library is official library for the Utah State Medical Association, Utah Medical Society and the Utah Dental Society.

The library staff, including four professional librarians, six clerical assistants and eight part-time student employees, serve not only University students but the medical community of Utah in locating materials, keeping up-to-date on medical information and ordering materials unavailable at the Medical Sciences Library from other sources, often from out of state.

"Present rooms," said Mrs. Mayden, "are crowded, noisy and poorly ventilated, that it is difficult to retain good staff with just a promise of something better 'sometime'."

Mrs. Mayden said there is no other space in the Medical Center for the library. Under these circumstances the situation can only continue to deteriorate.

The professional staff consists of: Priscilla Mayden, MLS degree, Columbia University; Nancy Hardy who has an MLS degree, the University of Michigan; Gertrude Clark, MLS, University of Southern California; and Marian Chavez, MLS, Case Western Reserve University.

FOR ISOLATED AREAS

Mrs. Chavez, Interlibrary Loan librarian, is in charge of the Intermountain Regional Medical Program (IRMP) for extending medical information, resources and services to doctors and health personnel—particularly those in isolated areas—throughout the state. This service hopes ultimately to become part of a nationwide medical library network.

During 1966 and 1967 matching funds were raised locally from foundations and private gifts toward a new $1,500,000 medical library building. Architects were hired to make preliminary drawings for a three level building of 45,000 square feet.

A construction grant request for $1,121,000 was prepared and submitted on Nov. 1, 1967 to the National Library of Medicine, under the facilities construction provision of the Medical Library Assistance Act of 1965. Following a site visit in December, the grant request was approved at the March meeting of the National Library of Medicine Board of Regents. The approval came without any funds.

OFFER NO ENCOURAGEMENT

Officials at the National Library of Medicine are now able to offer no encouragement that any federal funds will be available in the foreseeable future. Eleven other medical schools applied for library construction grants which were also approved without funds.

Renewal of funding for the Medical Library Assistance Act for 1968–69 is awaiting congressional action.

"The amount allotted by President Lyndon B. Johnson in this year's budget would hardly be sufficient for one library, even if passed without a cut," said Librarian Mayden, "However, it would be sufficient for Utah if we could be that one library. We believe we have a strong case."

The library is expanding its services by adding a computerized book search service, a telephone tape library and a teletypewriter exchange (TWX).

The computerized search service goes by the name MEDLARS (Medical Literature Retrieval System). It allows the libraries to search out bio-medical literature. The telephone tape library has 40 tapes. Plans are to expand the library. The library handles this service through IRMP. The tapes consist of information on cancer diagnosis and management. By calling in, the doctor can listen to the tape he chooses.

"We expect that this is just an experimental model of a more sophisticated system yet to come," said Mrs. Mayden.

The TWX system was installed by the Utah State Library Commission under the Library Services and Construction Act for setting up library services. They have installed the teletypewriter in every college and university in the state and it has greatly speeded up borrowing from the universities within Utah and other states such as Colorado, Nebraska and California.

The Medical Sciences Library operates under a set of special hours to give doctors and students needed services. It opens on regular school days at 8 a.m. and remains open until 11 p.m. On Sundays and holidays the library is open from 1 to 8 p.m.

If a doctor or other professional needs a journal, the library can be opened any time, day or night, to insure effective medical aid to any patient.

"We would like to be open longer. Our goal is to be open 24 hours per day to increase the availability of our materials to the medical profession," said Mrs. Mayden.

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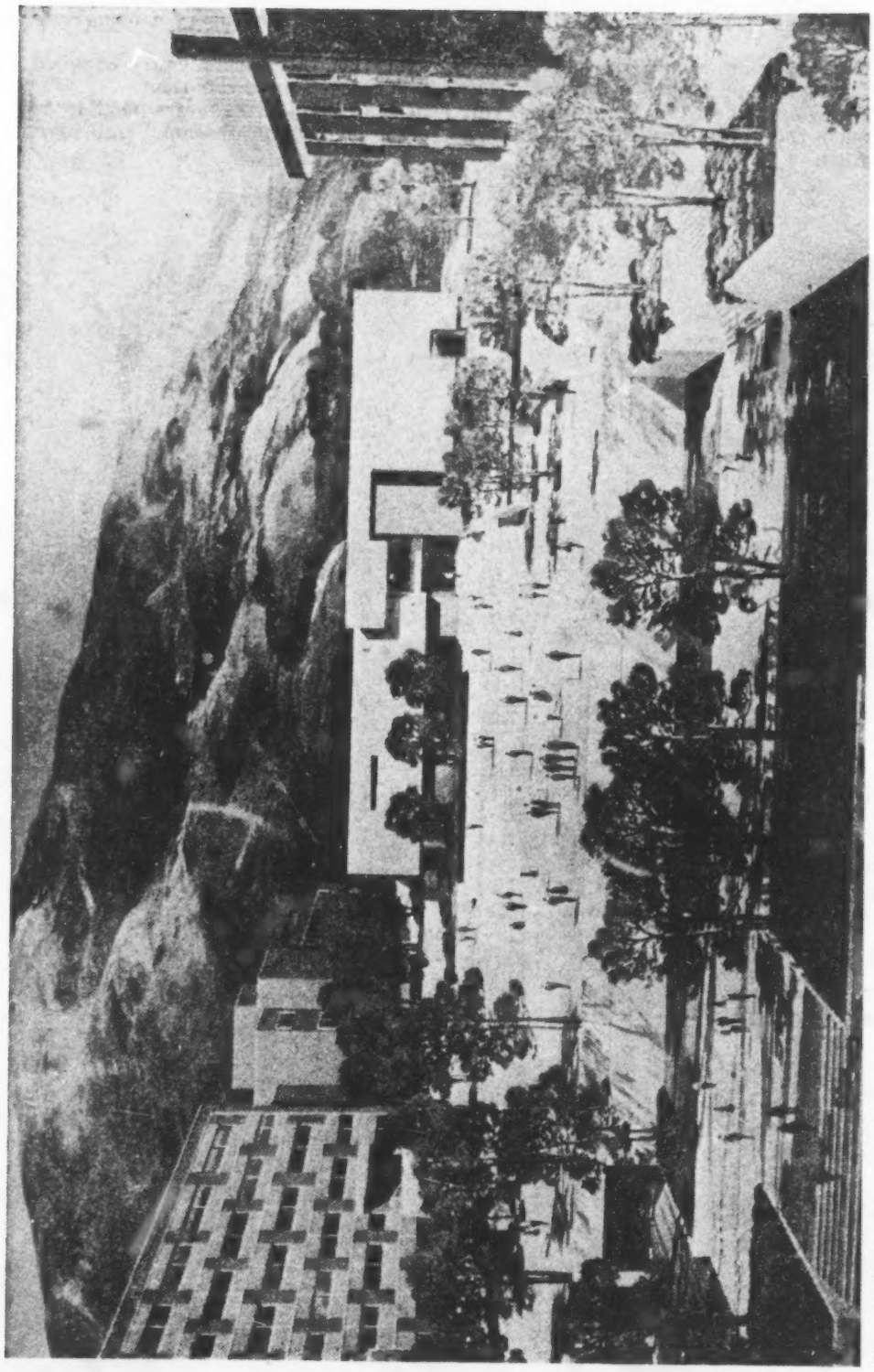
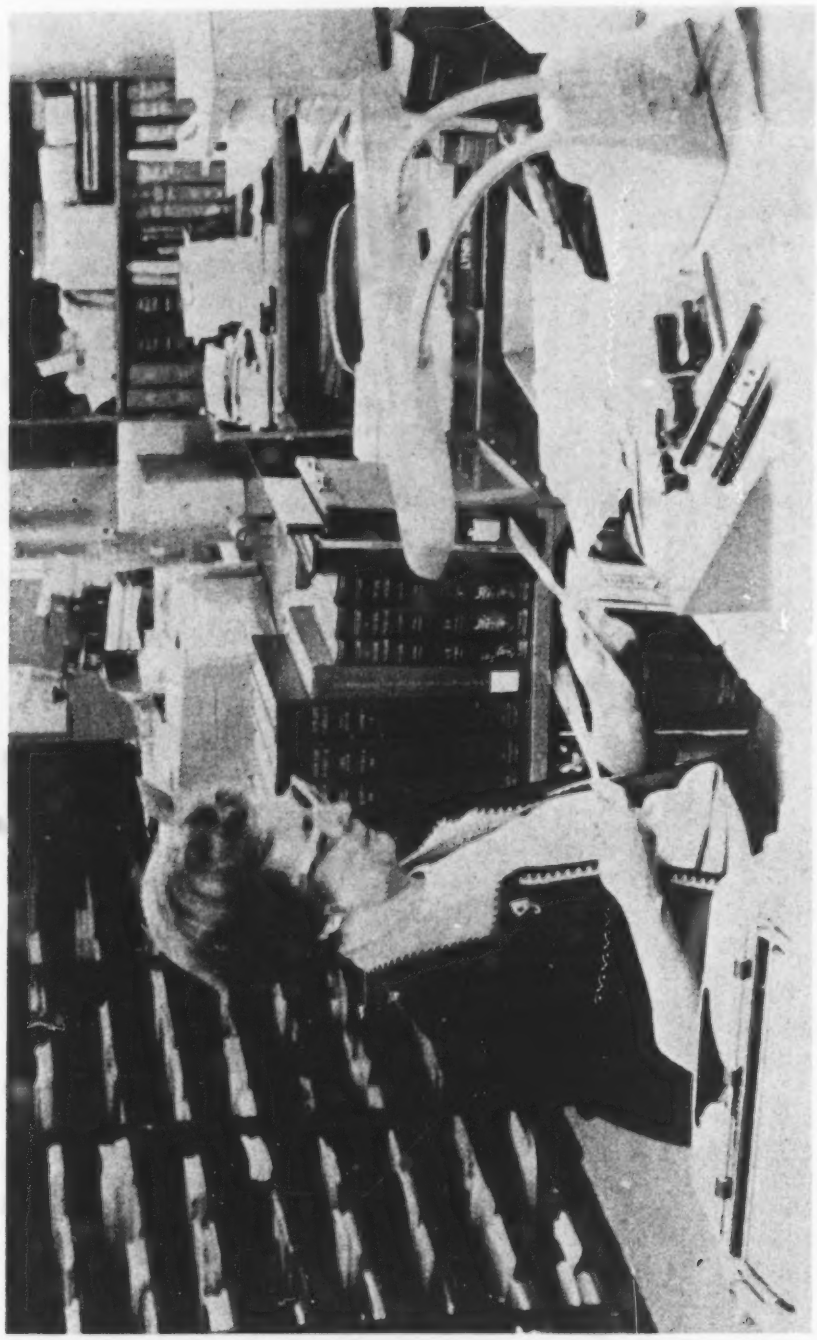
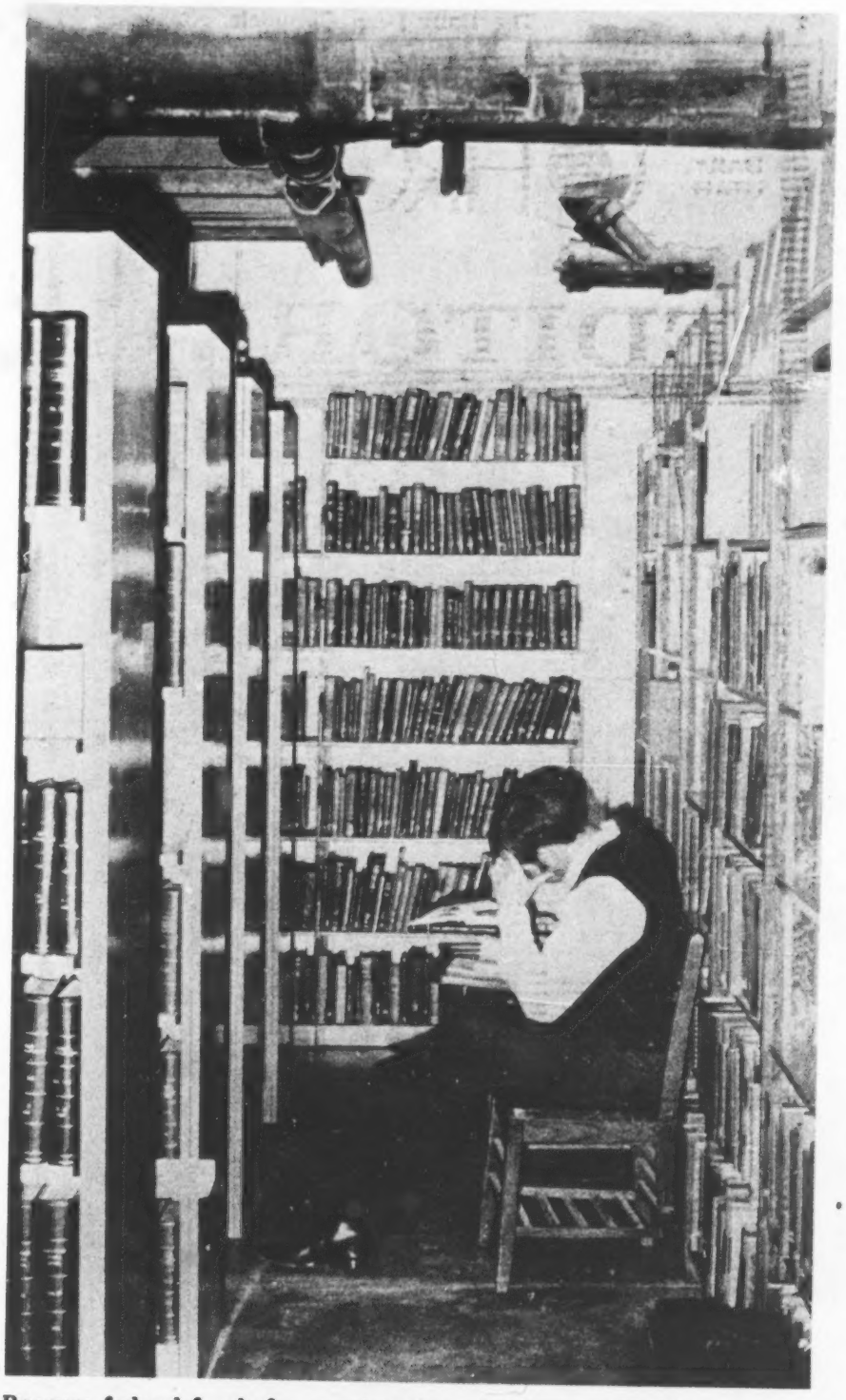


New Medical Sciences Library will be built on upper University of Utah campus between Medical Center, left, and College of Nursing Building, right. Architect envisions landscaped plaza which can't be built until the funds are available, U. of U. officials say.

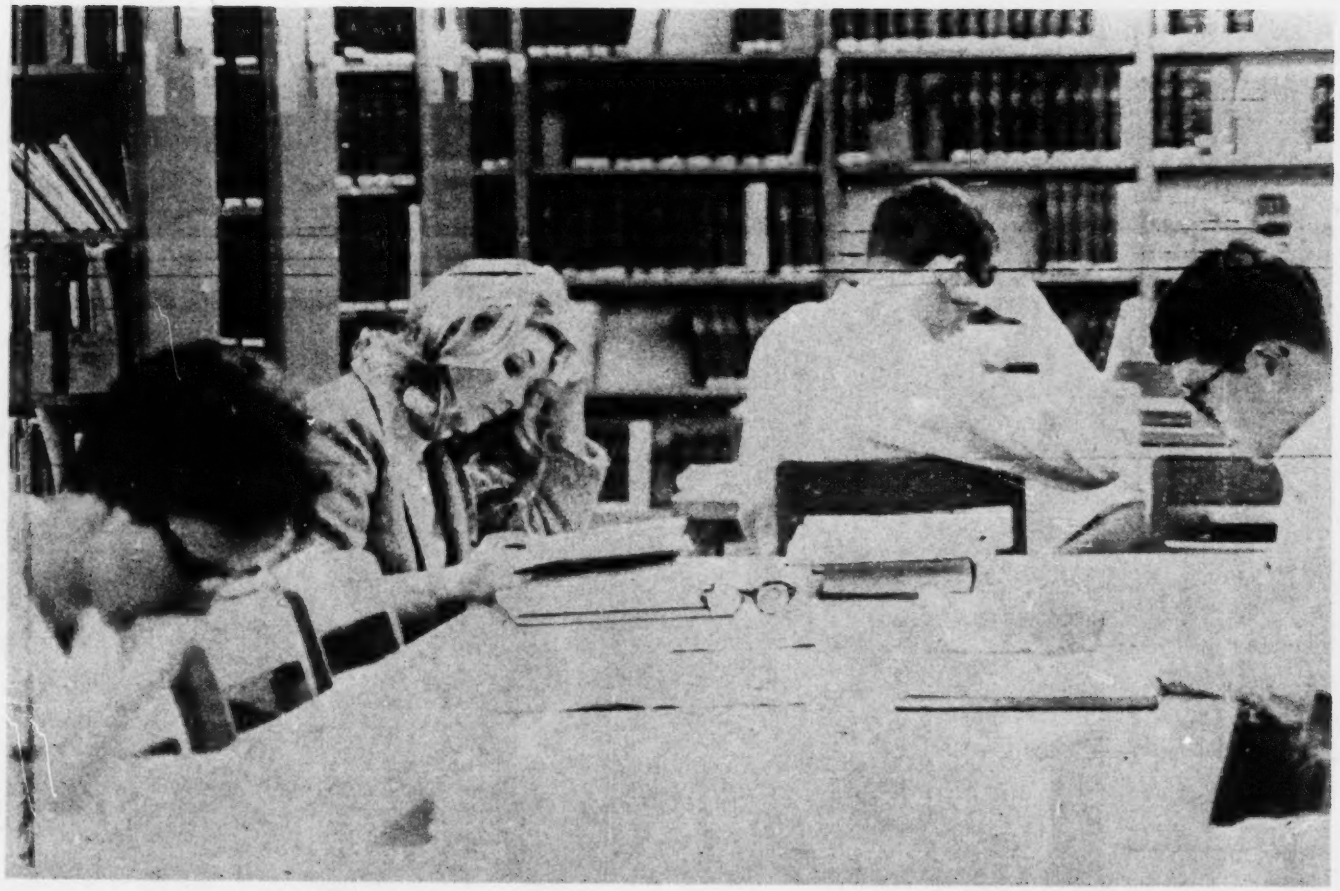


Mrs. Helen Brockbank, medical librarian, checks interlibrary loans. Her job is directing exchange of medical books and journals between the University and other medical libraries.



Because federal funds for construction of a new medical library have been delayed, this medical student studies in cramped quarters to the tune of clanking, dripping pipes overhead.

Barbara Sanchez, freshman, works as a student assistant in the medical library. Because of difficult working conditions, the library ~~finds it~~ hard to recruit new staff.



Future nurses, doctors and pharmacists study between classes in medical library.

Photos by Doug Harrison

VERMONT

THE UNIVERSITY OF VERMONT,
CHARLES A. DANA MEDICAL LIBRARY,
Burlington, Vt., April 25, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: It is vitally important that the Medical Library Assistance Act be enlarged in scope. The avowed purpose "To disseminate among health scientists and practitioners the ever increasing volume of knowledge and information which has been developed in the health science field" has borne fruit and yet a great more can be done in this area. Like many librarians I have received funds for this purpose and have been able to offer free interlibrary loans (postage and photocopies) for researchers. This may seem to be small service, but passing on information to the out-of-the-way places is very important. Federal funding has enabled us to install a TWX (teletype) link to medical libraries which has vastly facilitated the information flow. The preparation and distribution of library lists of journals and books has also been aided by the Medical Library Assistance Act. These services are important and have been greatly appreciated.

To date, however, the sums given have limited libraries in their efforts to pass on information to medical personnel beyond the confines of the campus. For example, some communication link must be established to hook up the small hospital library in Randolph, or a medical center in Island Pond, to the main medical library center—in this case Burlington. Medical information is limited in value if the means of sending it still depends upon the postal system. A TWX link, or wide area phone, or microwave sender-receiver (radio) would make a tremendous difference—and unless funded, is not apt to occur. Another example of extended services lies in the use of reference libraries for literature searching, bibliographic checking, user profiles, continuous subject searches in the current journals for individual researchers. Computer programs and programmers are generally too costly for most medical libraries. There are innumerable other possibilities—all of which require money.

Systematized planning and funding on a nationwide scale would do more to advance research and thereby improve our nation's health more than any other factor. The well-to-do medical centers are going ahead, the poorer-financially-speaking medical centers cannot. More aid is needed on a uniform nationwide basis. We have a very forward looking group of people in the NIH programs, but they are hampered and in some cases rendered ineffectual—through lack of funds. The U.S. will get far more benefits from investing their funds in disseminating research information (information retrieval) than in any other money-spending endeavor.

Very truly yours,

GEORGE H. HUNTER,
Medical Librarian.

WASHINGTON

SEATTLE, WASH., *March 25, 1969.*

HON. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SIR: May I urge your consideration in regards to the Medical Library Assistance Act renewal legislation, the hearing for which will be this spring.

These libraries are now in their third year of resources grants. It is essential that these continue to be funded and these funds be increased to meet the ever increasing demand upon these libraries, by the health scientists and practitioners. It is vitally essential that we continue to disseminate the ever increasing volume of knowledge and information to all our Colleagues wherever they may reside in these United States.

As a member of the Advisory Committee of the Pacific Northwest Regional Health Sciences Library, I sincerely hope you will find it possible to increase the Funding of this Legislation.

Very truly yours,

ROBERT L. ANDERSON, D.D.S.

TWISP MEDICAL CENTER,
Twisp, Wash., March 24, 1969.

HON. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR MR. YARBOROUGH: Your attention is invited to the Medical Library Assistance Act which will be presented to your committee for review in the very near future.

As you and your committee review the effectiveness of this legislation we would like to invite your consideration of the very positive effect that it has had upon those of us in isolated rural medical practices.

We are located in an isolated community in the Cascade Mountain Region of North Central Washington. We are 250 miles from the nearest medical center, 100 miles from our nearest consultants. We personally have spent a great deal of money in establishing a personal reference library. Likewise our small community hospital which is 45 miles away from our office, has a small reference library. Nevertheless neither we nor the hospital are able to maintain a large enough collection of current periodicals pertinent to the vast variety of medical fields in which we must be current and competent. It is not possible for us to be in frequent contact with the representatives of the various medical and surgical specialities because of our isolation. Therefore all of our current information must come from a library source or from telephone consultations (which has proved extremely costly—my telephone bill now exceeds $200.00 a month).

The establishment of the Northwest Regional Health Sciences Library has been a very positive step in helping to relieve this cultural isolation. The library offers us a literature search service for current medical information on a specific problem. The response to our requests have been prompt, very compehensive, and very adequate. Likewise the library has been very cooperative in permitting us to borrow the necessary references and texts so that we may obtain more comprehensive background and detailed knowledge of a specific problem.

Professional and cultural isolation is one of the recognized deterrents that prevent physicians from choosing a life as a rural family medical physician. This, compounded with the extremely high cost of maintaining our personal libraries creates an unusually large burden on us in rural practice that is not shared by our colleagues in larger medical communities. Through the services that are being rendered to us by the Pacific Northwest Regional Health Sciences Library we now have the satisfaction of knowing that we are better able to augument our own continuing education programs. We have the satisfaction of being current on specific problems as they relate to our patients. The availability of serv-

ices such as this will increase the effectiveness of rural physicians in distributing health care.

My practice services about 3000 individuals over an area of 500 square miles. We accept the responsibility for total medical care of these people. As such our needs for current, pertinent information over a wide variety of fields is enormous. It is our hope that eventually the library service will expand to be able to supply audio visual programs for support of our community hospital continuing education programs.

With these facts before you we sincerely encourage your favorable action regarding funding of this act.

Respectfully,

WM. J. HENRY, M.D.

USAF HOSPITAL ELMENDORF,
APO Seattle, March 27, 1969.

HON. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SIR: I would like to urge your support for the Alaska Health Sciences Library at the Alaska Native Medical Center.

The services at the library have been of great value to me in obtaining a bibliography for a short scientific article I hope to have published in a medical journal. There is no other similar medical library in Alaska that could have provided this service.

The remoteness of Alaska makes it imperative to have a satisfactory medical library from which physicians can obtain the latest medical journals. Not only is the information necessary for scientific publications and research, but, more important, for the day to day care of many patients.

Sincerely,

RICHARD ELLIS, M.D.

RMP, WASHINGTON/ALASKA REGIONAL MEDICAL PROGRAM,
Seattle, Wash., March 25, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: I write to support extension of the Medical Library Assistance Act. As Director of the Washington/Alaska Regional Medical Program I am sensitive to our great responsibilities to make available to physicians and others in health activities the knowledge and information in this rapidly advancing field in order that the latest and best medical treatment is made available.

While health sciences libraries have been easily accessible and well utilized by health professions in teaching centers, their resources have been much less available to others. The development of the Pacific Northwest Regional Health Science Library represents a major step to remedy this deficit. Though our Pacific Northwest Regional Health Sciences Library has been in existence less than a year, there is encouraging evidence that physicians remote from urban centers welcome the new library service being made available to them, and that our library will be able to meet many of their needs. I think the combination of a better central library service plus the enhancement of the community hospitals makes a most effective program to accomplish our purposes.

One of the eloquent examples of response to a new health science library service exists in the record of use of the Alaska Library which was made possible by joint Washington/Alaska RMP and Alaska Native Service funding and support within the last few months to produce a library for all of Alaska. Use of this library by personal visit and by other communication has far exceeded our expectation until the librarian is concerned that further publicity may overwhelm their facilities and meager personnel. In addition, the requests for library services from this new small library to our Pacific Northwest Regional Health Sciences Library have exceeded those from other states in our region. I think similar increase in library use will occur as community libraries elsewhere are enhanced.

I am encouraged also that the library personnel are cognizant of new communication and teaching methods which will augment the conventional hard copy and are interested in exploring these so that the library may serve an even more important role in the future for both undergraduate teaching and for continuing education of all health professionals.

It is most appropriate and helpful to me to serve on the advisory committee of the Pacific Northwest Regional Health Sciences Library in order to coordinate their efforts with ours in the RMP. We in the Regional Medical Program are grateful for the opportunity of working with the Pacific Northwest Regional Health Sciences Library. Their efforts complement our own nicely and we are confident the result will be better health care in our region.

Respectfully yours,

DONAL R. SPARKMAN, M.D., *Director.*

UNIVERSITY OF WASHINGTON,
SCHOOL OF MEDICINE,
Seattle, Wash., March 24, 1969.

Hon. RALPH YARBOROUGH,
Senate Office Building,
Washington, D.C.

DEAR SENATOR YARBOROUGH: As we understand it, the Medical Library Assistance Act is pending renewal in the near future. I would simply take this opportunity to pass on to you and your colleagues some of our local feelings about some already existent accomplishments under the current legislation and the potentials inherent for the future.

I would stress, in particular, the "regional medical library" concept. Thus, we here in the Pacific Northwest—with the Pacific Northwest Regional Health Sciences Library—are now able, under the aegis of this particular bit of legislation, to make available to physicians and other health care workers throughout the region, information that heretofore has remained largely confined to the shelves of a few large libraries. Geographic barriers are overcome; professional help is provided; and all of this exchange is brought about expeditiously. In the first three months of our operation, for example, the "system" was able to respond to more than 3,000 requests for information. Of perhaps even more significance is the fact that with the system as an operating system, we are now in a position to really look into the information "needs and wants" of our health professionals. Some of our more remote colleagues have never had any opportunity to analyze their own dilemmas and act accordingly. This resource now makes it possible. And, as a model of interchange of ideas, the concept is able to be presented to health science students at all levels of activities here in our University, so they will know how to use the system faster. I am convinced such will do much to eliminate large amounts of the obstructive provincialism, parochialism, and isolationism which all too often hinders the effective delivery of health care.

At the same time, the legislation is permitting innovations to be developed in the library and information field. Personally, I am acquainted with "Toxicity Bibliography"—so useful as a computerized resource in the management of accidental ingestions among children. Just this last week, using this device, we were able to locate information here in Seattle that was applicable to a young child who had been poisoned just outside of Portland. As awareness of this resource spreads, and as its usefulness is demonstrated, it will do much to insure that no stone is left unturned in the management of such children.

Finally, I would express concern about the appropriations which have been made available in the past to implement this particular act. Some would argue that, in point of fact, access to information and innovative manpulation of information are the two primary functions that separate the university from the rest of society. Both of these are completely dependent upon the library resources of the university and the university's faculty. To support one without supporting the other severely limits our over-all accomplishments. Such is the result of failure to adequately support universities' medical libraries, despite adequate support of their facilities. I would only urge that more attention to the appropriations be given in the future.

Should you or your colleagues conceivably desire any additional information, I hope that you will please let me know.

Sincerely,

WILLIAM O. ROBERTSON, M.D.,
Associate Dean, School of Medicine.

UNIVERSITY OF WASHINGTON LIBRARIES,
HEALTH SCIENCES LIBRARY,
Seattle, Wash., March 28, 1969.

Hon. RALPH YARBOROUGH,
Senate Office Building,
Washington, D.C.

DEAR SENATOR YARBOROUGH: The strong, opposition-free support given prior to its passage to the bill which became the Medical Library Assistance Act of 1965 was fully justified by the accomplishment which occurred because of it.

As administrator of a health sciences library and a regional medical library program I am able to assert categorically that the assistance provided through the Act has allowed us to extend our service dimensions which we could not otherwise have approached.

In our case, specifically, the Resources Section of the Act gave us the means to enter into an acquisitions program for current health sciences periodicals in microfilm and thereby satisfy the at times conflicting demands on our collection of the academic and the practicing community. It also permitted us to begin the preparation of lists of holdings to be produced by computer. These tools will be of undoubted value to practitioners in the area and to the developing network of biomedical communication, but beyond this, this has involved us directly with modern means of information handling. This need was apparent and overdue but would have been considerably delayed without these special funds. For the sake of brevity I shall omit detailing other benefits.

Under the Regional Medical Library portion of the Act (Sect. 398) we have now operated as the Regional Library for Alaska, Idaho, Montana, Oregon and Washington for six months. As such we offer a loan service for books and journal articles, reference service and MEDLARS searches to a broad spectrum of health professionals who hitherto had had no easily available source of information. The response we have received in this short period—a manifold increase in the demands made upon us—affirms our belief that this aid was long overdue. We are now in a position to "deliver" in a much shorter response period—within 48 hours for 75% of requests received. We are able to support continuing medical education efforts and specific operations of the Regional Medical Programs in our area. Plans are now underway to strengthen long neglected local medical library resources through consultation, workshops and institutes. We see here the beginnings of a national network of biomedical information in which the regional libraries form the most important link.

While these tasks have just begun and no doubt must be supported in future years to contribute to the effective delivery of adequate health care for all Americans, it is particularly distressing to find that one of the sections of the Act, that concerned with construction, has not been supported at all to the extent it must if the plight of medical libraries as described by earlier testimony, particularly the Bloomquist Report, is ever to be relieved. In our own case, the increase in teaching facilities of the University of Washington Health Sciences Division to provide for additional health manpower, the augmentation of our functions and regional operations and the overcrowded conditions of long standing persuaded the University to submit to the National Library of Medicine an application for a construction grant. This application was approved but could not be funded for lack of appropriation for this Section of the Act. If medical libraries are to carry out satisfactorily the missions assigned to them under the Act and the functions which are normally their responsibility it is absolutely vital that the monies originally authorized for construction purposes are not only restored but increased.

Sincerely yours,

GERALD J. OPPENHEIMER,
Assistant Director of Libraries for Health Sciences and Director, Pacific Northwest Regional Health Sciences Library.

WISCONSIN

LA CROSSE LUTHERAN HOSPITAL,
La Crosse, Wis., April 2, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: We have information from our Medical Library Association that renewal legislation for the Medical Library Assistance Act will be before Congress early this year. The La Crosse Lutheran Hospital Medical Library has been privileged to participate in the current program of resource grants and has received a second-year grant and has filed application for a third-year grant, under the five-year program.

It may be helpful in your deliberations to have information from a 380 bed hospital recipient of the grants that they have been of major assistance to our library. In addition to this, may we respectfully relate to you that an extension of the program and provisions for funding budget increases would directly contribute to patient care. Our library is indispensably instrumental as a strongly supportive arm in our program of medical education, formally represented by full-time residencies, internships, medical students, and by the rapidly compounding training programs for para-medical personnel and students.

Measured in terms of patient care and educational programs, the Medical Library deserves highest budget preference. Our hospital has a predominately speciality medical staff of 60 physicians, consequently, the resources of the library complements a high percentage of professional utilization of the text and journal resources. With the assistance of the Medical Library Resource grants, we have been able to expand the budget for medical journal binding, new equipment, the purchase of additional texts and journals, as well as to develop library resource material for physical medicine, nursing service, inhalation therapy, radiological technology, practical nurses, and for nurses in training in the local Baccalaureate Program with which we will be affiliating this year.

It is with considerable fervency that we would like to project to you the value of expanding medical library resources. It reflects the American tradition believing in competence through education which, in turn, provides better health to the people of our community. In our appeal to you there is nothing to gain except the paramount importance of helping people get well. We sincerely urge that you give your earnest consideration to continued grant budgets.

Very truly yours,

LA CROSSE LUTHERAN HOSPITAL
AND COMMUNITY HEALTH CENTER,
STANLEY L. SIMS, *Administrator.*

LA CROSSE LUTHERAN HOSPITAL,
MEDICAL LIBRARY,
La Crosse, Wis. April 2, 1969.

Hon. RALPH YARBOROUGH,
U.S. Senate,
Washington, D.C.

DEAR SENATOR YARBOROUGH: We are a recipient of small amount of grant funds provided by the Medical Library Assistance Act. Even though the amount has not been large, it would be most difficult to truly estimate the far reaching affect that these funds have had in the development of our Medical Library. The service of our library has gone far beyond the walls of our own institution; and we have provided service to area doctors as well as paramedical personnel, professional people in the community health field, as well as to students doing research from the University and other students who do research on the possibility of entering into careers in the health field. We trust that every effort will be made to renew this Act as well as increase the amounts that

institutions might receive to improve the existing service and allow for expansion of additional holdings. We trust that every effort will be made to have these resources made available to all institutions.

Sincerely yours,

LA CROSSE LUTHERAN HOSPITAL AND
COMMUNITY HEALTH CENTER,
MRS. LAVERNE SAMB,
Medical Librarian.

MARQUETTE SCHOOL OF MEDICINE, INC.,
DEPARTMENT OF PHYSIOLOGY,
Milwaukee, Wis., April 10, 1969.

Hon. RALPH YARABOROUGH,
Committe on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

DEAR SENATOR YARBOROUGH: I have just read with great interest that the Medical Library Assistance Act renewal legislation will come before the U.S. Congress sometime this spring.

As Chairman of the Medical Library of our school, I would like to act as spokesman for our faculty and student body to indicate the value of the Medical Library Assistance Act to private medical schools.

The library function at our school is rather unique in that we serve not only the students and faculties of the medical and dental schools and the practicing physicians of Milwaukee County, but also a significant portion of the entire eastern half of our state.

We have received funds from the Medical Library Assistance Act for three years. It is difficult to sufficiently emphasize the importance of these funds in improving both the quality and quantity of the basic and applied medical and biological knowledge available from our library. For example, the use of our library for both research and teaching material has more than doubled over the past five years. Many factors have led to this increase, including: 1) a large increase in research oriented faculty 2) an increased academic quality of both our medical and graduate students and 3) an increase in the depth of material taught in our formal courses.

With the help of funds from the Medical Library Assistance Act, we have been able to duplicate many of the important and frequently used scientific periodical subscriptions so that an equal opportunity is now available to both the busy clinician and the faculty member close to the library to obtain important reference material. These funds have also provided for physical expansion of facilities and technical help, improved audio-visual aids (ex. tape recorders for students to review formal lecture material) and of course acquisition of new books. With the help of these funds, in the near future we also hope to incorporate the digital computer into our cataloging and reference retrieval methods.

In summary, little needs to be said to emphasize the value of the Medical Library Assistance Act to the private medical school. Funds for dramatic and well publicized research projects are always available. Far too often it is not well fully realized that the quality of medical teaching, practice and research are directly proportional to the quality and quantity of library facilities available to carry out such work. I sincerely hope this legislation receives favorable action.

Sincerely yours,

WILLIAM J. STEKIEL, PH. D.,
Department of Physiology.

APPENDIX B

UNIVERSITY OF MISSOURI-COLUMBIA,
SCHOOL OF MEDICINE,
St. Louis, Mo., March 28, 1969.

Hon. THOMAS F. EAGLETON,
U.S. Senate, Subcommittee on Health,
Washington, D.C.

MY DEAR SENATOR EAGLETON: In 1966 the National Library of Medicine granted $77,398.00 to the University of Missouri School of Medicine Department of Psychiatry, Missouri Institute of Psychiatry in St. Louis for a two year study of the "Impact of an SDI system on mental hospital personnel." This research grant was funded under the Medical Library Assistance Act of 1965, Category 6, research and development in medical library science.

The objective of the project was to establish a selective dissemination of information (SDI) system to meet the information needs of the professional staff of the 10 institutions constituting the Missouri Division of Mental Diseases, and to determine the value of such a system by evaluating its impact on the participants in the project. The data gathered through the SDI feedback mechanisms and individual interviews with the participants contribute to knowledge pertaining to the actual information needs of clinically oriented professional mental health personnel, the manner in which information is used when readily available, and the effects of such a system on their professional behavior. Over the two year period more than 100,000 items were disseminated to as many as 350 participants. The vast quantities of data collected are still being analyzed and publications are being prepared.

One measure of the success of the project, and the need that exists for similar systems, that the Missouri Division of Mental Diseases funded the project for an additional year, and funding for a fourth year is expected.

There is no doubt that more work needs to be done which will help our health scientists and practitioners receive the information that is pertinent and necessary to their most efficient and effective functioning. This is imporant to all of us, for our physical as well as mental health.

The work accomplished under programs funded by National Library of Medicine is only a small part of what may be done.

I should like to urge that your Committee support fully renewal of the Medical Library Assistance Act of 1965 with funding substantially increased. I have been convinced, beyond any expectations, through my experience with the MIP SDI project that our nation cannot afford to neglect the continual reeducation of our finest national resource, our intellectual and scientific manpower.

Yours sincerely,

MRS. NINA W. MATHESON, *Instructor and Librarian.*

THE GREATER KANSAS CITY MENTAL HEALTH FOUNDATION,
Kansas City, Mo., April 2, 1969.

THOMAS F. EAGLETON,
Democrat from the State of Missouri,
Jefferson City, Mo.

DEAR SIR: As a consumer of health and mental health information, I have been greatly aided by a project called "Selective Dissemination of Information". This project was funded by the National Library of Medicine under the Medical Library Assistance Act of 1965.

The Missouri Institute of Psychiatry, the grantee, has functioned for me as a scanner of a large number of journals. On the basis of my interest profile, they have selected articles directly relevant to my special interest.

I consider projects such as this as a constructive response to the most vexing problem of information overload, and would appreciate your support and consideration for projects of this nature when the program will be reviewed by your committee.

Sincerely,

ROBIJN K. HORNSTRA, M.D.,
Director of Research.

UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE,
Kansas City, Mo., March 24, 1969.

Hon. THOMAS F. EAGLETON,
U.S. Senate, Subcommittee on Health,
Washington, D.C.

DEAR SIR: It is my understanding that the Medical Library Assistance Act of 1965, Category 6, Research and Development in Medical Library Science, is coming up for review in the fairly near future.

In considering the possible renewal or enlargement of this act. I would like for you to take into mind the considerations of one of the recipients of the benefit of this act. Through the Selective Dissemination of Information of the Missouri Institute of Psychiatry I have periodically received summaries of information that is current in the literature.

You are probably aware of the "information explosion" in the area of technical literature in all areas of science, including the behavioral sciences. A major question that now confronts all scientists and people concerned with the various aspects of medicine is how to keep up with this growing flood of information. I personally take four professional journals in the area of psychiatry, child phychiatry, and special education. In addition, there are some four hundred other regular journals or publications that are relevant to my work, in addition to numerous books that are published annually. A feeling one has is that you spend more and more time trying to keep up, but are falling further and further behind.

The information abstracted and sent to me by the Selective Dissemination of Information Service allows me to review the literature in less time and to spend my time more efficiently in keeping current. It is my personal conviction that such services are of considerable value to me and to the other professionals who are involved. I think it would be very worthwhile if someone from your committee could investigate this and see about the possibility of having this service extended to those physicians who work in the area of psychiatry and child psychiatry on a nationwide rather than on a regional basis.

The question is, how can one keep from being overwhelmed by the mass of information that is being produced in one's area of medical specialty? It is my belief that the expansion of projects such as the Selective Dissemination of Information Service is an excellent answer.

I hope you will give the above consideration in reviewing the Medical Library Assistance Act of 1965, Category 6, Research and Development in Medical Library Science.

Sincerely yours,

J. RICHARD HARTE, M.D.,
Director of Training in Child Psychiatry.

UNIVERSITY OF MISSOURI—COLUMBIA,
SCHOOL OF MEDICINE,
St. Louis, Mo., March 27, 1969.

Hon. THOMAS F. EAGLETON,
U.S. Senate,
Washington, D.C.

MY DEAR SENATOR EAGLETON: I understand that the Medical Library Assistance Act of 1965 is coming before Congress soon for renewal legislation. I would like to strongly urge that you give your greatest support to this legislation. Through the Missouri Institute of Psychiatry Library, which received a research grant under Category 6 of that Act, I have benefited considerably in my work. In pursuing research in mental disorders, one of the greatest problems is staying abreast of the current literature and it was through this project that a new technique was developed.

Additional research in information handling is important and I feel it should be supported under the Medical Library Assistance Act.

Sincerely yours,

TURAN M. ITIL, M.D.,
Chief, Section of Psychopharmacology.

UNIVERSITY OF MISSOURI—COLUMBIA,
SCHOOL OF MEDICINE,
St. Louis, Mo., March 24, 1969.

Hon. THOMAS F. EAGLETON,
Committee on Labor and Public Welfare, Subcommittee on Health, U.S. Senate, Washington, D.C.

MY DEAR SENATOR: The Medical Library Assistance Act of 1965, Category 6, Research and Development in Medical Library Science, is coming before Congress soon for renewal legislation. As a social worker employed in a medical school doing research on mental illness, I am vitally interested in this legislation. Not only is rapid dissemination and quick retrieval of professional information needed in my own job, but I am in a position to speak for many of my colleagues as well.

In 1968 I had occasion to interview either in person or by mail questionnaire 93 administrative staff members within the Missouri Division of Mental Diseases and the Missouri Institute of Psychiatry in regard to their use of our own Selective Dissemination of Information System (S.D.I.) in preparation for presentation of a paper I was invited to give on research as a base for program planning at the National Conference on Social Welfare, San Francisco. These staff members were primarily department heads within the disciplines of psychiatry, psychology, social work, vocational rehabilitation, activities therapies, education, nursing theology, library science, and business management. The majority of these people wanted S.D.I. continued on a permanent basis because of the amount of professional work time it saved them, the increased coverage of professional literature it provided, and the greater speed with which it brought new information to them. Since I, myself, have no connection with the S.D.I. project, and my survey was independent and thereby objective, I am enclosing a xerox copy of that part of my paper relating specifically to the S.D.I. project as it explains that project and its professional benefits more fully than I can do in this letter. Should you wish a copy of the total paper, you may have it on request. It's title is " 'The Missouri Story'—A Chronicle of Research Utilization in Program Planning."

In view of my strong convictions regarding the worth of programs of this kind nationally and locally, I strongly urge that you give your greatest support to renewal legislation for the Medical Library Assistance Act of 1965, Category 6.

Sincerely yours,

HELEN BELLOWS KLEIN, D.S.W.,
Assistant Professor of Psychiatry (in Social Work).

Enclosure.

EXCERPT FROM " 'THE MISSOURI STORY'—A CHRONICAL OF RESEARCH UTILIZATION IN PROGRAM PLANNING"

(By Helen Bellows Klein, D.S.W.)

This leads to the final chapter in our chronicle, that of a new and experimental piece of library research which is changing the reading habits—and perhaps the attitudes—of staff and is fostering their use of research in decision making. This is the Selective Dissemination of Information System (S.D.I.) referred to earlier, which is headed by Mrs. Nina W. Matheson, M.L.S., and a psychologist, Donald M. Sundland, Ph.D. Over three years ago they stated, "The proliferation of published information in the scientific fields has created severe problems for researchers, not merely in keeping abreast of the new work done, but in the maintenance of their traditional methods of information collecting and information retireving. The magnitude of the information explosion has had severe repercussions in libraries, making more and more inadequate their traditional methods of collecting and disseminating information. . . . It is necessary to have a means of locating and acquiring, or organizing and analyzing information of research value for both the individual and the library efficiently." [4]

With this problem in mind they developed a computerized current awareness system for identifying information pertinent to the subject interests of staff members participating in the S.D.I. research study. This system is a personalized service which directs to each individual only notification of articles, abstracts, and book reviews that have been coded for terms which fit into his individual subject profile of interests. This is a pioneering project in the mental health field bearing some similarity to attempts in other disciplines such as engineering, chemistry, physics, and other "hard" sciences.[5] All staff members of the Division of Mental Diseases and the Missouri Institute of Psychiatry were invited to enroll

in S.D.I., and currently more than 300 are enrolled. The terms of participation were two years of free personalized current awareness alerting for as many topics of interest as wanted in return for responding to each item received through S.D.I., evaluating its interest to the user and to what use the information was put, if any. In addition the user was to give a full description of his information use habits through interviews and questionnaires. The user was also given the privilege of requesting a full copy of any article identified as having high interest.

As this writer surveyed the administrative staff in regard to their use of research, certain questions were also asked regarding S.D.I. Not all were enrollees, but enrollee or non-enrollee, discussion of S.D.I. created a sufficient ripple of emotion in responses to convince the writer that there was some intrapersonal by-product being created by what seemingly is a mechanical and impersonal method of distributing literature. Sixty-seven percent of subjects polled indicated they wanted S.D.I. continued on a permanent basis after the completion of its research grant; only thirteen percent wanted it discontinued; and twenty percent held no opinion. Most of this last group were not enrolled in S.D.I. and had no basis for judgment.

The most usual response subjects made to how S.D.I. had been of benefit was the amount of time it saved. Others said it increased their coverage of literature formerly not coming to their attention, that it brought informaion to their attention far more quickly than by other methods they had used.

The S.D.I. has made an unexpeced contribution to staff development. Many of those in S.D.I. pass on references and reprints to their colleagues who are not enrolled. This distribution takes all directions: routing to their superiors, to those under their supervision, to peers—and sometimes to others outside in the professional community. This kind of feeding in of research findings at all levels of practice hopefully will stimulate a vigorous new growth in utilization of research in all areas of practice.

Thus ends "The Missouri Story"—a chronicle of how one organization under the dynamic leadership of a research oriented director and ably assisted by a staff with convictions about the worth of research have been successful in building a community program of service delivery based on a myriad of research findings.

ST. LOUIS STATE HOSPITAL,
St. Louis, Mo., March 27, 1969.

Hon. THOMAS F. EAGLETON,
Senator, State of Missouri, U. S. Senate,
Washington, D.C.

DEAR SIR: I understand that the Medical Library Assistance Act of 1965 will be coming before Congress soon for renewal legislation. As a beneficiary of this Act, through the Missouri Institute of Psychiatry SDI Project, I would like to urge you to give it your fullest support. I am an active worker in the mental health field, involved in both applied and research endeavors, and I have found the SDI Project services invaluable. For the first time in many years I am able to keep up with the scientific publications in several areas, and on an international basis. Without this service I would simply be unable, in terms of time, to do the same kind of broad and thorough coverage of our scientific literature. The system of topic scanning being used in our particular research project, has also provided me with references which I would not have found using the conventional abstracting services of my own particular professional association. Again, I urge you to support renewal and increased funding of the Medical Library Assistance Act. Our libraries are basic necessities for our continuing and increasing effectiveness in our fields. Their degree of usefulness, however, depends on their ability to disseminate their information among the relevant scientists and practitioners.

Thank you for your attention.

Sincerely,

RONOLEE HENDERSON, M.A.,
Clinical Psychologist.

UNIVERSITY OF MISSOURI-COLUMBIA,
SCHOOL OF MEDICINE,
St. Louis, Mo., March 26, 1969.

Hon. THOMAS F. EAGLETON,
Committee on Labor and Public Welfare, Subcommittee on Health,
U.S. Senate, Washington, D.C.

MY DEAR SENATOR: Participating in the Missouri Institute of Psychiatry Selective Dissemination of Information Project has truly been of great benefit to me. The time and money this project has saved me is inestimable. For the first time in my professional career it was possible to have at my fingertips information covering many medical and scientific areas that were current, discriminating, available, and necessary in my work. Previously, long hours would have been required to search out materials, then read voluminous items, articles, journals, books, etc. to determine if they contained the information I needed or desired, and frequently would have to canvass many libraries and book stores for all this material.

This project was invaluable to me in working on a research project as it became my main source for locating resource materials.

This project has enabled me to keep informed on what is being published that would be helpful or of interest to me professionally. I have become much more knowledgeable in my field since being an SDI participant. I sincerely hope this revolutionary, time saving, worthwhile project becomes a permanent part of our institutions.

Very truly yours,

TYLER M. PERSON,
Social Work Research Assistant.

ST. LOUIS STATE HOSPITAL,
St. Louis, Mo., March 24, 1969.

Mr. THOMAS EAGLETON,
Subcommittee on Health,

DEAR SIR: I have been receiving up-to-date information regarding advancements and developments in my profession through the S.D.I. Project which is supported by Medical Library Act of 1965 Category 6, Research and Development in Medical Library Science. This is an excellent service and has saved much of my professional time and energies for the care of patients.

I fully support the continuation and enlargement of this excellent service.

Sincerely,

AHMED A. EL TOUMI, M.D., D.P.M.,
Clinical Director, Unit IV.

STATE OF MISSOURI,
DIVISION OF MENTAL DISEASES,
Jefferson City, Mo., March 21, 1969.

The Hon. THOMAS F. EAGLETON,
U.S. Senator,
Senate Office Building,
Washington, D.C.

DEAR SIR: The Selective Dissemination of Information Project which has been funded by the National Library of Medicine under the Medical Library Assistance Act of 1965, Category 6, has been extremely helpful to me in my work.

Since my work is in the area of evaluative research in the field of mental health, it is vital that I keep abreast of new research in the several mental health disciplines. Because of the tremendous amount of information published each month, it would have been utterly impossible for me to have kept up with up-to-date information without the services of the SDI Project. The fact is that without SDI Project help, I could not be nearly as effective in my work as I am.

I consider it of importance that this project be renewed, and I would urge your cooperation in this regard.

Sincerely,

LOUIS E. MASTERMAN,
Consultant, Program Grants and Evaluation.

WASHINGTON UNIVERSITY,
DEPARTMENT OF PSYCHOLOGY,
St. Louis, Mo. March 24, 1969.

Hon. THOMAS F. EAGLETON.

DEAR SIR: It has come to our attention that the Medical Library Assistance Act of 1965, Category 6, Research and development in medical library science, will shortly come before Congress for renewal legislation.

I would like to urge you to support this Act to the fullest extent possible. As you may know, the Missouri Institute of Psychiatry was a recipient of grant funds under this act to develop their SDI (Selective Dissemination Information) Project. As a user of this project, I feel that it considerably enhanced my research productivity by reducing the amount of time I normally spent in scanning the scientific literature in my fields of interest. The project provided me first of all with title and abstracts of material, and then provided me with reprints of the material I felt would be of direct and immediate use to me.

Since my time is limited, any savings in time through technological advances such as provided by the SDI project are highly appreciated. I know that the personnel responsible for this project are developing further imaginative techniques to reduce the time scientists have to spend in searching and scanning over ever increasing scientific literature. Without the technical advances in information processing and retrieval provided by the Medical Library Assistance Act, our job as research scientists would be immeasurably difficult, if not impossible, to perform.

I thus request that you strongly support this legislation.

Sincerely,

JOHN A. STERN, Ph. D.
Professor of Psychology.

MARSHALL STATE SCHOOL AND HOSPITAL,
Marshall, Mo., March 24, 1969.

Hon. THOMAS F. EAGLETON
U.S. Senator,
Washington, D.C.

DEAR SIR: As recipient of benefits derived from the SDI Project funded by the National Library of Medicine under the Medical Library Assistance Act of 1965, I solicit your able assistance in helping to provide the necessary funds for the continuation of this worthwhile project.

As an educator who cannot afford to purchase all of the necessary journals in order to keep up with recent research, I feel that this project has provided the availability of research that could not be obtained from other sources.

Sincerely,

H. N. BRANSON,
Supervisor of Education.

STATE HOSPITAL No. 2,
St. Joseph, Mo., March 20, 1969.

Hon. THOMAS F. EAGLETON,
Senator from Missouri,
Washington, D.C.

DEAR SIR: I understand that the Medical Library Assistance Act of 1965 will be coming before the Congress for renewal legislation in the near future.

The Missouri Institute of Psychiatery established an information dissemination project supported by the original act, and I was fortunate to be one of the recipients of selected published material distributed by this project.

I found the service to be invaluable in supplying me with current information relevant to my clinical and research activities. Without this service I would have been forced to spend a great amount of time extracting relevant material from the voluminous amount of literature published in my field or to remain unaware of the constantly changing currents of thought and research. The rapid and logarithmic expansion of scientific activity and publication creates a demand for information dissemination systems so that the professional in the applied fields can maintain his skills on a current and efficient level. I feel that this project and similar ones make extremely significant contributions in the facilitation of communication within the professional service arena.

With these thoughts in mind I respectfully request that you view the upcoming renewal legislation in a favorable light.

Sincerely yours,

KENNETH D. WEST II,
Acting Chief Psychologist.
St. Joseph State Hospital #2.

NEVADA HEIGHTS SCHOOL,
Nevada, Mo., March 21, 1969.

THOMAS F. EAGLETON,
Democrat, State of Missouri, Committee on Labor and Public Welfare, Subcommittee on Health, Washington, D.C.

DEAR SIR: This letter is to encourage your continued support of the S.I.D. project, which has been funded by the National Library of Medicine under the Medical Library Assistance Act of 1965, Category 6, Research and development in medical library science.

As a participant in the S.I.D. project, I find the materials disseminated by this project extremely helpful in keeping up with the current literature in the field of my special interest, which is directing a program of education for psychiatrically ill adolescents.

Therefore, I would appreciate your support in continuing to fund this program, as it has been very helpful to me.

Yours truly,

JAMES M. JONES, Jr.,
Director of Education.

STATE HOSPITAL NO. 1,
Fulton, Mo., March 21, 1969.

Hon. THOMAS F. EAGLETON,
U.S. Senate,
Washington, D.C.

DEAR SIR: I would like to express my concern and support for the renewal of the Medical Library Assistance Act of 1965, Category 6, Research and development in medical library science.

I have benefited a great deal from this Act in terms of keeping up to date on the knowledge and information which has been developed in the mental health field. The benefit I feel is in enabling me to provide a better ministry to my patients as a Chaplain in a mental hospital. I am kept up on not only new books, but have the added resource of gaining abstracts of significant articles related to my field of service.

I would appreciate your efforts in continued support of this legislation as well as what you may be able to do to increase this kind of service.

Sincerely yours,

DONALD M. STASSEL,
Staff Chaplain.

STATE HOSPITAL NO. 2,
St. Joseph, Mo., March 25, 1969.

Hon. THOMAS EAGLETON,
Senate Office Building,
Washington, D.C.

DEAR SIR: I am a psychiatrist, clinical director of one of the geographical units of St. Joseph State Hospital, and I have participated in the SDI Project since its initiation.

I find this project to be of tremendous importance. Thanks to the SDI, I have gathered data that I am planning to use in a research project. Without their help, I would have had to spend months and even years to gather the information the "project people" have sent to me.

I could go on and on describing to you the multiple benefits that such a project brings to us in the health-science field. I fully support this project.

Sincerely,

F. LOPEZ, M.D.,
Unit Director.

MALCOLM BLISS MENTAL HEALTH CENTER,
St. Louis, Mo., March 25, 1969.

Hon. THOMAS F. EAGLETON,
U.S. Senate, Committee on Labor and Public Welfare.
Washington, D.C.

DEAR MR. EAGLETON: I have been receiving for the past one year, material from the SDI Project received from the Missouri Institute of Psychiatry Medical Library.

I consider the information they forward to me to be very beneficial in maintaining a current knowledge of advances in my profession.

Sincerely yours,

JORGE A. VIAMONTES, M.D.,
Acting Clinical Director, Alcohol Services.

UNIVERSITY OF MISSOURI—COLUMBIA,
SCHOOL OF MEDICINE,
St. Louis, Mo., March 25, 1969.

Hon. THOMAS F. EAGLETON,
U.S. Senate,
Washington, D.C.

DEAR MR. EAGLETON: Because of your being on Senator Yarborough's Subcommittee on Health, and because of your interest in progressive legislation and in the welfare of the people of Missouri, I am writing to you at this time to ask for your interest and support for renewal of legislation for the Medical Library Assistance Act of 1965, Category 6, Research and Development in Medical Library Science.

The services provided through this Act by the Missouri Institute of Psychiatry S.D.I. Project have been invaluable to me through the Project's scanning of psychiatric literature, and formulating reports of such articles as I have requested. I have found the S.D.I. Project most helpful in keeping me up to date in new developments, orienting my thinking to present-day needs and enabling me to be of greater service to those who are mentally ill and to their relatives.

Sincerely,

MRS. FLORENCE R. HAACK, A.C.S.W.,
Psychiatric Social Worker.

MID-MISSOURI MENTAL HEALTH CENTER,
Columbia, Mo., March 25, 1969.

Hon. THOMAS F. EAGLETON
U.S. Senate,
Washington, D.C.

DEAR SENATOR EAGLETON: I have participated in the SDI project for approximately one year. This program has enabled me to keep abreast with pertinent articles in my profession which would have otherwise demanded many hours in the library. The SDI program provided me with a review of literature and an accumulation of knowledge through articles which would have otherwise been impossible to accomplish due to my work and family commitments. Personal library research by necessity would have been much more narrow in scope and much more limited in total articles read. Such a service has to increase one's capability in a helping profession by means of the knowledge that is made more accessible through this program.

Please support the extension of this valuable program.

Sincerely yours,

PATRICK J. BUTTELL,
Psychiatric Social Worker I.

STATE HOSPITAL No. 3,
Nevada, Mo., March 24, 1969.

Hon. THOMAS F. EAGLETON,
U.S. Senate,
Washington, D.C.

MY DEAR MR. EAGLETON: I am writing to you in behalf of the Medical Library Association which is funded under the Medical Library Assistance Act of 1965, Category 6, Research and development in medical library science.

As a beneficiary of this Act, I can assure you that it has been quite of significant value both to myself as well as some of my colleagues. We are relatively isolated in a small town of 10,000 with the closest medical library of any consequence being located some 100 miles distance in Kansas City. You can readily appreciate the fact that I am rather enthusiastic about the aid which I obtained from the Act quoted as it has enabled me to keep abreast of the current literature in my rather highly specialized field. While it is true that we have a library here at this hospital, we cannot begin to subscribe to the numerous journals which are reviewed for us and which we can obtain by writing to the SDI Project in St. Louis. I note that the journal list of the SDI Project contains in excess of some 450 journals. You can readily appreciate that in the Medical Library at State Hospital No. 3 we cannot possibly subscribe to anywhere near this number of journals. Probably the most valuable service which is received from the Act quoted is that of having expert librarians comb the current literature for articles in the special areas of my interest and bring them to my attention.

It would seem to me that it would be money well spent if the Medical Library Assistance Act of 1965, Category 6, could be funded for continuation.

Sincerely yours,

E. C. RINCK, M.D.,
Clinical Director.

ST. LOUIS STATE HOSPITAL,
St. Louis, Mo., March 28, 1969.

Hon. THOMAS F. EAGLETON,
U.S. Senate, Subcommittee on Health,
Washington, D.C.

HONORABLE EAGLETON: As a participant of the of the S.D.I. project at the M.I.P. Library in St. Louis, Missouri, I would like to extend my hope that this project be continued.

It has been valuable in making information readily available.

I do hope it can continue and also be expanded.

Sincerely,

Mrs. PATRICIA H[illegible]L, R.N.,
Education Dire[illegible]or, Nursing.

UNIVERSITY OF MISSOURI—COLUMBIA,
SCHOOL OF MEDICINE,
St. Louis, Mo., March 24, 1969.

THOMAS F. EAGLETON,
Subcommittee on Health,
Washington, D.C.

DEAR SIR: I understand that the Selective Dissemination of Information Project here at the Missouri Institute of Psychiatry has been formed by the National Library of Medicine under the Medical Library Assistance Act of 1965, Category 6, Research and development in medical library science and that this act will become before Congress soon for consideration for renewal. Those of us who have benefited from the Act wish to express our appreciation for the help this has been for us and to appeal for continued support of this program. I have found in my own research activities that the services provided by this program have brought to my attention many publications relevant to my research which I would not have become aware of through routine methods. This dissemination of information in the ever growing literature of our field is most useful in keeping us informed of the activities of other scientists and in saving us from the duplication of work done by others as well as enabling us to utilize methods described in the publications of our scientific colleagues.

Thank you for your kind attention to this matter.

Sincerely,

CLAIRE B. ERNHART, Ph. D.,
Research Psychologist III.

UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE,
Kansas City, Mo., March 24, 1969.

Hon. THOMAS F. EAGLETON,
U.S. Senate, Subcommittee on Health,
Washington, D.C.

DEAR SIR: I consider the S.D.I. project as provided for under the Medical Library Assistance Act of 1965, and in which I have been a participant for the past two years, a great boon both in convenience and in saving of time. The amount of publication in my scientific field is truly staggering, yet I can read only a few articles a week. Therefore, those articles must be carefully selected. The S.D.I.–M.I.P. (Missouri Institute of Psychiatry) allows just such a selection. I heartily favor continuation.

Sincerely yours,

FRED DE WIT, Ph. D.,
Chief Psychologist, Children's Services.

STATE HOSPITAL NO. 2,
St. Joseph, Mo., March 26, 1969.

Hon. THOMAS F. EAGLETON,
U.S. Senate, Senate Office Building,
Washington, D.C.

DEAR SIR: As one of your loyal constituents during the last election, I would like to enlist your support for the renewal of the Medical Library Assistance Act of 1965 which will be the subject of debate in the Senate in the near future.

As a professional employee of the Missouri Division of Mental Diseases it has been my observation from my own experience, and from feedback from my colleagues, that the service we have received from the SDI Project of the Missouri Institute of Psychiatry has been of tremendous value in assisting us in our ever-expanding research into the cause and effect of mental disease, and in assisting us in keeping abreast of the new treatment programs in this area.

The continuation of this program is not only advantageous to your constituents in Missouri but is definitely a program of national interest.

The assistance I have received from participating in this program has enabled me to devote more time to working with patients, and less time in perusing the many journals devoted to research in the field of mental health. In this respect I find it invaluable to me and to the patients with whom I work.

Your favorable testimony relative to the merits of this act would be in the national interest, and to enable this service to be expanded by supporting an increase in the funding would enable you to be of much greater service to your constituents in Missouri and to all the people of our great nation.

Thank you for your support of this act.

Respectfully yours,

ROY CUNNINGHAM,
Guidance Counselor II.

MALCOLM BLISS MENTAL HEALTH CENTER,
St. Louis, Mo., March 25, 1969.

Senator THOMAS F. EAGLETON,
Democrat from the State of Missouri,
Senate Office Building,
Washington, D.C.

DEAR SENATOR EAGLETON: I am writing to ask for your support of the Medical Library Assistance Act of 1965, Category 6, Research and development in medical library science.

I have been one of the direct recipients of benefits derived from the original act and would like to continue to have this opportunity. As a professional social worker, I have been able through the National Medical Library Assistance Act to have disseminated knowledge and information of current trends practiced and approaches being used and developed in the health science fields, of which I am related and which are directed toward the goal of helping us to better help people help themselves.

Your support of this Act would be greatly appreciated.

Sincerely,

Miss BERNICE COLLINS, ACSW,
Supervisor, Inpatient Children's Service.

ST. LOUIS STATE HOSPITAL,
St. Louis, Mo., March 25, 1969.

HON. THOMAS F. EAGLETON,
U.S. Senate,
Washington, D.C.

DEAR SIR: This letter is written in support of the Medical Library Assistance Act of 1965, Category 6, Research and development in medical library science. I understand this Act will be coming up for renewal legislation soon.

I heartily recommend your support and renewal of this Act. As a psychologist, conducting research on mental health education for children, I have found that the review of present literature has become an almost insurmountable task without the aid of programs such as this one. No one can keep abreast of all the information in any field anymore; it must be winnowed by some intelligent helping hands. The SDI Project at St. Louis State Hospital has been of real help to me. A well run library facility is invaluable to research and one of the reasons that I am based here is because of superb help I receive from the library programs here and SDI in particular.

I hope that this opinion will be of aid to you in forming your own support of the program.

Yours very truly,

BARBARA ELLIS LONG,
Psychologist, Unit III.

MID-MISSOURI MENTAL HEALTH CENTER,
Columbia, Mo., March 26, 1969.

HON. THOMAS F. EAGLETON,
Subcommittee on Health,
U.S. Senate,
Washington, D.C.

DEAR SENATOR EAGLETON: I have had the opportunity for the past two years to receive, from the Missouri SDI Project, information in reference to the treatment and care of children. I have found the services, as offered by the SDI Project, very beneficial to my professional growth and development.

It would not have been possible for me to review all the journals and book reviews that I have received for the past two years by any other method. Because we do not have all the answers for the treatment of children with emotional problems and we are always searching and revamping our program, we have found it especially beneficial to have received this information from the SDI people. The knowledge gained has been shared with other members of the treatment team.

I wholeheartedly request the continued support of this project for the benefit of children's treatment programs.

Sincerely yours,

WALTER J. CONWAY,
Director of Education.

MALCOLM BLISS MENTAL HEALTH CENTER,
St. Louis, Mo., March 25, 1969.

Senator THOMAS F. EAGLETON,
Democrat from the State of Missouri,
Senate Office Building, Washington, D.C.

DEAR SENATOR EAGLETON: For the last two years I have been a direct recipient of information and knowledge which has been developed in the health service field, made possible by the Medical Library Assistance Act of 1965, Category 6, Research and development in medical library science. These research findings, made available to me by the Missouri Institute of Psychiatry have been very helpful in keeping me informed as to the latest trends in practice in the field of mental health as well as providing background information for research projects being conducted here at Malcolm Bliss Mental Health Center.

I hope this project can be continued as a means of assisting researchers and practitioners to keep abreast with the latest development in the field of mental health.

Sincerely,

JULIAN C. HALL, D.S.W.,
Supervisor of Social Work Research.

ST. LOUIS STATE HOSPITAL,
St. Louis, Mo., March 27, 1969.

Hon. THOMAS EAGLETON,
U.S. Senate,
Washington, D.C.

DEAR TOM: Congratulations on your recent election to the U.S. Senate.

It is of great importance to me and to the progress of the Medical and Social Science professions that monies be granted and reappropriated for the Missouri Institute of Psychiatry Selective Dissemination Of Information project from the National Library of Medicine under the Medical Library Assistance Act of 1965, Category 6, Research and Development in medical library science.

Speaking for myself, as an employee of St. Louis State Hospital, although participating for less than a year on the project, the scope and delineation of materials related to my field of endeavor have been eye opening, highly informative and in the most efficient manner of gaining information for my growth and development in the Mental Health field.

I strongly recommend continuation, development, and expansion of new approaches in this area so to reach more persons in the Mental Health field.

Sincerely,

ALAN HITT,
Psychiatric Social Worker.

STATE HOSPITAL,
Jamestown, N. Dak., March 24, 1969.

Hon. HARRISON A. WILLIAMS, JR.,
Hon. EDWARD M. KENNEDY,
Hon. GAYLORD NELSON,
Hon. THOMAS F. EAGLETON,
Hon. ALAN CRANSTON,
Hon. HAROLD E. HUGHES,
Hon. PETER H. DOMMICK,
Hon. JACOB K. JAVITS,
Hon. GEORGE MURPHY,
Hon. WINSTON L. PROUTY,
Hon. WILLIAM B. SAXBE,
Subcommittee on Health,
Senate Committee on Labor & Public Welfare,
U.S. Capitol, Wash., D.C.

Re Medical Library Assistance Act renewal.

DEAR SIR: We urge renewal of this Act and if possible additional funding for direct aid to Medical Libraries of Health Institutions.

Sincerely yours,

HENRY A. LAHAUG,
Hospital Administrator.

ANCHORAGE, ALASKA, *March 26, 1969.*

Mr. HITT,
Chairman, Federal Relations Committee, Medical Library Association, Lyman, Maynard, Stowe Library, University of Connecticut Health Center, Hartford, Conn.

DEAR MR. HITT: I would like to inform you of the great need and service which the Northwest Regional Health Science Library, Anchorage, Alaska, has been. This has been an invaluable service in the few weeks that it has been available. I have personally used it on several occasions for the benefit of patients.

I want to inform you that I sincerely endorse and use the library.

Any funds which you make available for this will be greatly appreciated.

Sincerely yours,

MICHAEL F. HEIN, M.D.

ANCHORAGE, ALASKA, *March 30, 1969.*

Mr. SAM W. HITT,
Chairman, Federal Relations Committee, Medical Library Association, Lyman Maynard Stowe Library, University of Connecticut Health Center, Hartford, Conn.

DEAR MR. HITT: Having practiced in Alaska for approximately ten years as a pediatrician and then returning to a medical center to get additional Neurology training, I am most cognizant of the value of the recently established Alaska Health Science Library and Pacific Northwest Regional Health Science Library. It is impossible to take sufficient journals to adequately keep abreast of the many medical advances. Furthermore, when one is in practice, it is often difficult to spend time going through vast bibliographies about an unusual patient problem. These two libraries have made possible perusal of a wide assortment of medical journals, as well as the retrievement of a large amount of information rapidly about an unuausl patient problem. They have helped stimulate better trained physicians to settle in Alaska and greatly improved patient care. One of the major problems of practicing in Alasa has been its isolation from medical centers and particularly from any type of medical library. With the oil boom, it is anticipated that many more physicians will be needed here and these two facilities will help recruit. This is particularly important as there is a looming shortage of trained physicians to meet the increased public demand for medical care.

I sincerely hope that these two library programs will be able to continue for an indefinite period but realize that they will require Federal funding as well as private donations. Considerable physician time has been spent in Alaska making them a success. Mrs. Ursula Strash, the librarian, has made invaluable contributions.

Thank you for your help.

Sincerely,

HELEN S. WHALEY, M.D.

ALASKA STATE MEDICAL ASSOCIATION,
Anchorage, Alaska, April 8, 1969.

Mr. SAM W. HITT,
Chairman, Federal Relations Committee, Medical Library Association, Lyman Maynard Stowe Library, University of Connecticut Health Center, Hartford, Conn.

DEAR MR. HITT: Frederick J. Hillman, M.D., Chairman of our Library Committee has asked us to respond to your memorandum of March 14, 1969 regarding the Medical Library Assistance Act.

As you know, Alaska has just established a Health Science Library and without increased federal support this very important addition to our medical community will falter.

At the present time our library is housed in very restricted quarters and expansion will soon be necessary. Fortunately the U.S.P.H.S. Alaska Native Hospital in Anchorage has made room for our existing facility, but the library will soon out-grow the space they have made available.

You can see that increased federal support is imperative if we are to maintain this very useful library.

Sincerely,

WARREN R. JONES, M.D.,
President, Anchorage Medical Society.
JAMES A. LUNDQUIST, M.D.,
President, Alaska State Medical Association.

ANCHORAGE, ALASKA, *March 26, 1969.*

SAM W. HITT,
Chairman, Federal Relations Committee, Medical Library Association, Lyman Maynard Stowe Library, University of Connecticut Health Center, Hartford, Conn.

DEAR MR. HITT: The Alaska Health Sciences Library in Anchorage is a valuable source of information for the physicians in the state of Alaska. Several times each month I have asked for and received reprints of articles important to the care of my patients.

So far, the service has been good, but I know that demands by the local physicians will increase as the state grows in population and the Library will soon be over burdened.

I hope the U.S. Congress will increase the support to this valuable medical care asset so it may grow along with the fast growing medical communities of Alaska.

Sincerely yours,

KEITH M. BROWNSBERGER, M.D.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
ALASKA NATIVE MEDICAL CENTER,
Anchorage, Alaska, May 9, 1969.

SAM W. HITT,
Chairman, Federal Relations Committee, Medical Library Association, Lyman Maynard Stowe Library, University of Connecticut Health Center, Hartford, Conn.

DEAR MR. HITT: I wish to express my gratitude at the establishment of the Alaska Health Sciences Library and Pacific Northwest Regional Health Science Library. I am taking a home-study course in the Basic Sciences of Ophthalmology and without these library facilities this type of study would be impossible.

Two years ago no such library facilities were in existence in Anchorage and we were badly in need of them.

We have an excellent librarian at the present time and we are progressing well in the establishment of a very functional and useful library. I have nothing but praise for the staff and their cooperation in obtaining scientific materials necessary for study and research. I'm sure I expressed the opinion of all physicians in this area who utilize these library facilities.

A great deal of work remains to be done and additional funds are very necessary. I wish to strongly encourage Congress to renew the legislation pertaining to the Medical Library Assistant Act since these facilities not only benefit the physicians and scientific community but the entire community indirectly.

Sincerely yours,

DONALD W. DIPPE, M.D.,
Chief of Ophthalmology.

LOMA LINDA UNIVERSITY,
VERNIER RADCLIFFE MEMORIAL LIBRARY,
Loma Linda, Calif., April 14, 1969.

Mr. SAM W. HITT,
Chairman, Federal Relations Committee, Medical Library Association, Lyman Maynard Stowe Library, University of Connecticut Health Center, Hartford, Conn.

DEAR MR. HITT: Thank you for your letter of March 14. Mr. George V. Summers has been away at school this semester, and I am sorry that we have failed to answer the letter until today.

Our medical library is the only large medical library in the Riverside, San Bernardino, and Redlands areas, and because of that many medical and paramedical persons who are not connected with Loma Linda University in any way have come to use our library facilities. Because of the Act our library has gone on a standing order plan for all new medical books in the English language. Both faculty members of the School of Medicine and practicing medical personnel in the area have been both surprised and pleased to find that the books they want to use are already in the library, cataloged or available to them otherwise.

Our periodical holdings have also been enriched greatly. Although we have tried to buy the regular subscriptions from our University budget, because we must continue these whether we get assistance or not, we have been able to purchase back files and incomplete files, which have helped our patrons immeasureably.

Our service to the medical public would be greatly hampered if we were not given this additional boost to our budget.

Sincerely yours,

ALICE E. GREGG,
Assistant to the Director.

AMERICAN HOSPITAL ASSOCIATION,
Chicago, Ill., March 20, 1969.

MR. SAM W. HITT,
Chairman, Federal Relations Committee, Medical Library Association, Lyman Maynard Stowe Library, University of Connecticut Health Center, Hartford, Conn.

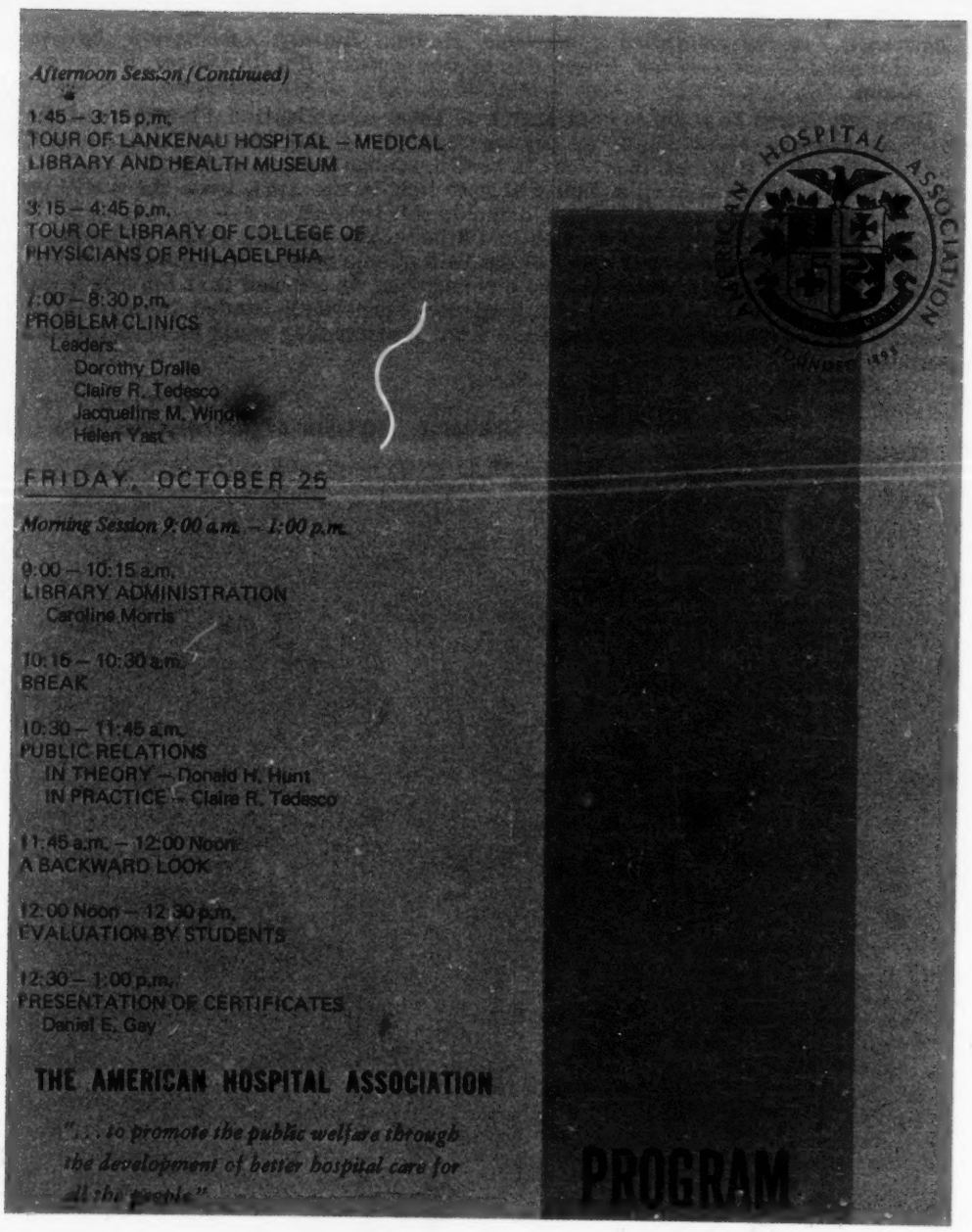
DEAR MR. HITT: In reply to your March 14 letter to institutional members of the Medical Library Association, we enclose a copy of the symposium from last month's Hospital Progress in which six health science librarians reported on their use of MLAA resource grants. You will note that in the April issue there will be a feature length article by Marie A. Norton on this subject.

At our institute on library service in Philadelphia last fall (copy of program enclosed), we discovered that many of our 94 students represented libraries which had received resource grants. Also to our surprise we learned that for a few the expenses incurred in attending our institute were being funded by an MLAA grant. I was surprised and pleased to find out grant money could be used for this purpose.

Sincerely,

HELEN YAST,
Director, Division of Library Services.

Enclosure.


Afternoon Session (Continued)
1:45 – 3:15 p.m.
TOUR OF LANKENAU HOSPITAL – MEDICAL LIBRARY AND HEALTH MUSEUM
3:15 – 4:45 p.m.
TOUR OF LIBRARY OF COLLEGE OF PHYSICIANS OF PHILADELPHIA
7:00 – 8:30 p.m.
PROBLEM CLINICS
Leaders:
Dorothy Dralle
Claire R. Tedesco
Jacqueline M. Windle
Helen Yast
FRIDAY, OCTOBER 25
Morning Session 9:00 a.m. – 1:00 p.m.
9:00 – 10:15 a.m.
LIBRARY ADMINISTRATION
Caroline Morris
10:15 – 10:30 a.m.
BREAK
10:30 – 11:45 a.m.
PUBLIC RELATIONS
IN THEORY – Donald H. Hunt
IN PRACTICE – Claire R. Tedesco
11:45 a.m. – 12:00 Noon
A BACKWARD LOOK
12:00 Noon – 12:30 p.m.
EVALUATION BY STUDENTS
12:30 – 1:00 p.m.
PRESENTATION OF CERTIFICATES
Daniel E. Gay
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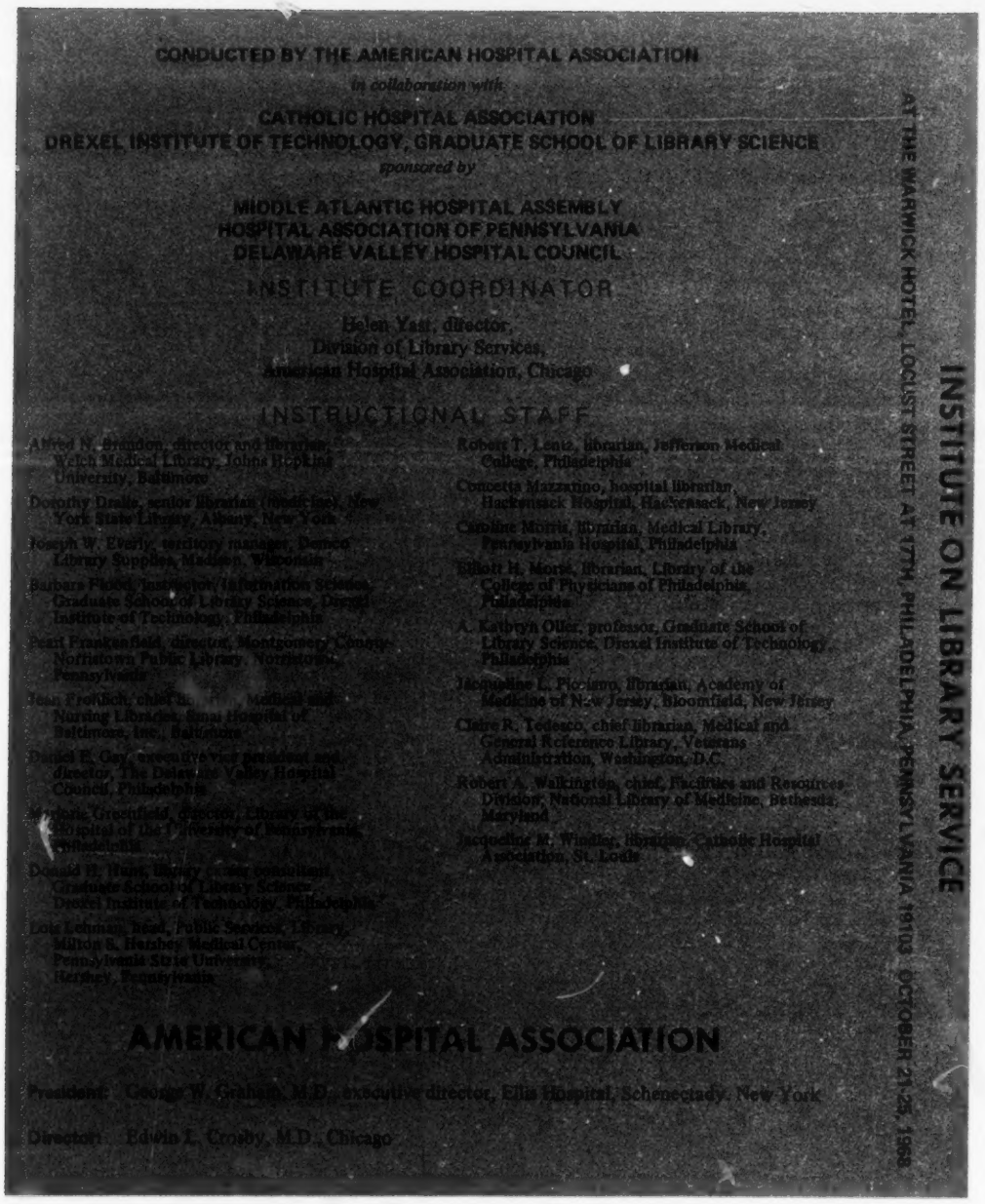

CONDUCTED BY THE AMERICAN HOSPITAL ASSOCIATION

in collaboration with

CATHOLIC HOSPITAL ASSOCIATION
DREXEL INSTITUTE OF TECHNOLOGY, GRADUATE SCHOOL OF LIBRARY SCIENCE

sponsored by

MIDDLE ATLANTIC HOSPITAL ASSEMBLY
HOSPITAL ASSOCIATION OF PENNSYLVANIA
DELAWARE VALLEY HOSPITAL COUNCIL

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INSTITUTE ON LIBRARY SERVICE

AT THE WARWICK HOTEL, LOCUST STREET AT 17TH, PHILADELPHIA, PENNSYLVANIA 19103 OCTOBER 21-25, 1968

MONDAY, OCTOBER 21

REGISTRATION
8:00 – 8:30 a.m.

Morning Session 8:30 – 11:30 a.m.

8:30 – 8:45 a.m.
GREETINGS
A. Kathryn Oller

8:45 – 9:00 a.m.
A LOOK AHEAD

9:00 – 10:00 a.m.
BUILDING THE COLLECTION
Dorothy Dralle

10:00 – 10:15 a.m.
BREAK

10:15 – 11:30 a.m.
WORK SESSIONS ON SELECTION AND ACQUISITIONS
Leaders:
Dorothy Dralle
Jean Frohlich
Caroline Morris

11:30 a.m. – 1:00 p.m.
LUNCH

Afternoon Session 1:00 – 4:45 p.m.

1:00 – 2:00 p.m.
MAINTAINING THE COLLECTION
Joseph W. Everly

2:00 – 3:00 p.m.
ORGANIZING THE COLLECTION
Jean Frohlich

3:00 – 3:15 p.m.
BREAK

Afternoon Session (Continued)

3:15 – 4:45 p.m.
WORK SESSIONS ON CLASSIFICATION
Leaders:
Dorothy Dralle
Jean Frohlich
Marjorie Greenfield
Lois Lehman

TUESDAY, OCTOBER 22

Morning Session 8:30 – 11:30 a.m.

8:30 – 9:45 a.m.
CATALOGING THE COLLECTION – SESSION I
Lois Lehman

9:45 – 10:00 a.m.
BREAK

10:00 – 10:45 a.m.
CATALOGING THE COLLECTION – SESSION II
Lois Lehman

10:45 – 11:30 a.m.
WORK SESSIONS ON CATALOGING
Leaders:
Jean Frohlich
Lois Lehman
Caroline Morris
Jacqueline L. Picciano

11:30 a.m. – 1:00 p.m.
LUNCH

Afternoon Session 1:00 – 4:45 p.m.

1:00 – 2:30 p.m.
WORK SESSIONS ON CATALOGING
Leaders:
Jean Frohlich
Lois Lehman
Caroline Morris
Jacqueline L. Picciano

Afternoon Session (Continued)

2:30 – 2:45 p.m.
BREAK

2:45 – 3:00 p.m.
STATE AND PUBLIC LIBRARIES –
HOW CAN THEY HELP YOU?
Pearl Frankenfield

3:00 – 3:15 p.m.
LIBRARY ASSOCIATIONS – HOW CAN THEY
HELP YOU?
Robert T. Lentz

3:15 – 3:30 p.m.
QUESTION PERIOD

3:30 – 4:45 p.m.
CATALOGING PROBLEM CLINIC
Leaders:
Jean Frohlich
Lois Lehman
Caroline Morris
Jacqueline L. Picciano

WEDNESDAY, OCTOBER 23

Morning Session 9:00 – 11:30 a.m.

9:00 – 10:15 a.m.
REFERENCE AND BIBLIOGRAPHIC SERVICES –
SESSION I
Jacqueline L. Picciano

10:15 – 10:30 a.m.
BREAK

10:30 – 11:30 a.m.
REFERENCE AND BIBLIOGRAPHIC SERVICES –
SESSION II
Jacqueline L. Picciano

11:30 a.m. – 1:00 p.m.
LUNCH

Afternoon Session 1:00 – 5:00 p.m.

1:00 – 2:45 p.m.
WORK SESSIONS ON REFERENCE
Leaders:
Marjorie Greenfield
Concetta Mazzarino
Jacqueline L. Picciano

2:45 – 3:00 p.m.
BREAK

3:00 – 4:00 p.m.
CIRCULATION
Concetta Mazzarino

4:00 – 5:00 p.m.
HEALTH SCIENCE LIBRARIES – HOW CAN THEY
HELP EACH OTHER?
Elliott H. Morse

THURSDAY, OCTOBER 24

Morning Session 9:00 – 11:45 a.m.

9:00 – 10:00 a.m.
MEDICAL LIBRARY ASSISTANCE ACT
Robert A. Walkington

10:00 – 10:15 a.m.
BREAK

10:15 – 11:15 a.m.
INFORMATION SCIENCE AND LIBRARY
AUTOMATION
Barbara Flood

11:15 – 11:45 a.m.
MEDLARS (Film Showing)

Afternoon Session 12:00 Noon – 4:45 p.m.

12:00 Noon – 1:30 p.m.
LUNCH IN HOTEL WITH GUEST SPEAKER
"Role of the Health Science Library in
the Hospital"
Alfred N. Brandon

A Symposium: How Libraries Used Medical Library Resource Grants

EDITOR'S NOTE: Medical Library Resource Grants were authorized by the Medical Library Assistance Act signed by President Lyndon B. Johnson on Oct. 22, 1965. The Act authorized a program of contracts and grants for construction and renovation of library facilities and resources, for training, traineeships, fellowships, research and scientific projects, and for publications and regional medical libraries. The editors asked several known recipients of grants to relate how they used their grant. More detailed information is available from the Associate Director for Extramural Programs, National Library of Medicine, Bethesda, Md. 20014.

THE CATHOLIC UNIVERSITY OF AMERICA, WASHINGTON, D.C., MISS NELLIE LEE POWELL, HEAD, NURSING LIBRARY

(Amount of grant: $6,223)

A Medical Library Resource Grant was awarded to the School of Nursing Library of The Catholic University of America in June, 1967. The funds were utilized to expand the seating capacity in the library and to strengthen the book collection.

The nursing library supports the teaching and research programs of the School of Nursing which currently educates professional nurses from the baccalaureate through the doctoral level. Because the University has no medical library, the nursing library is being developed as a health science facility collecting materials in nursing, medicine and the basic sciences which support these disciplines as well as related materials in the social sciences, education, etc., as required by the program of instruction.

Funds from the Medical Library Resource Grant were utilized to build the medical portion of the collection. Guides, e.g., *Selected List of Books and Journals for the Small Medical Library* by Alfred N. Brandon, were used as an aid in book selection.

As a result of greater seating capacity and an enriched collection, both attendance and circulation figures have increased over the past year. The Medical Library Resource Grant has been renewed for the coming year, and we plan to purchase for research purposes the chief retrospective medical indexes, e.g., *Index Medicus* (old series), the *Quarterly Cumulative Index Medicus*, the *Current List of Medical Literature*, etc., and also to expand the medical and surgical collection.

I first became aware of legislation to develop medical libraries while attending a workshop for medical librarians sponsored by The Catholic Hospital Association. Not knowing how to proceed I called my U.S. senator and requested a copy of the bill, which referred me to the Surgeon General's Office, which in turn referred me to the National Library of Medicine which administers the program. We requested application forms from the NLM and followed instructions.

Permanent records of expenditures from the grant are kept by the University's Accounting Department. The Acquisitions Department keeps a running account of money spent and a listing of each author and title.

The grant has enabled us to correct more quickly some of the deficiencies in our library. One added dividend has been a dramatization of the cost of a first-rate library for professional nurses, leading to a more realistic appropriation of funds by the University itself in support of the nursing library.

ST. FRANCIS HOSPITAL, LA CROSSE, WIS., SR. M. AUDREY, FSPA, LIBRARIAN

(Amount of Grant: $1,776)

Hope of help for the St. Francis Hospital Medical Library followed the announcement that Senator Lister B. Hill of Alabama had introduced the Medical Library Assistance Act of 1965 into Congress. Our library committee was extremely interested in the bill and the chairman wrote to Sen. Hill emphasizing the need for such a bill. Copies of the chairman's letter were sent to our state senators and representatives.

As soon as the bill passed, a request for information was sent to the Director of Extramural Programs, U.S. Dept. of Health, Education and Welfare. When policies and procedures necessary to implement the law were drafted, application

forms were received together with instructions for completing the forms. The initial application required information about the organizational structure of the institution, as well as its objectives and accreditation status. Our application described the library, its floor plan, financial status, the organizational structure of the 300-bed hospital, the library committee and its duties, the library's contents—periodicals, books, monographs and indexes.

Titles of the position categories of library personnel were given with the number of people in each, the time expended in each and a curriculum vitae for each professional employe. The user population of the library as well as the geographic area served by the library and its relation to other libraries in the institution and the area were described in detail. Mention was made of research, educational and health programs which were served by the library. Listings of operating expenses for the last three complete fiscal years were submitted in these categories: personnel, equipment and supplies, informational materials, travel, communications and data processing. Expenses for the last complete fiscal year were listed separately. The needs of the library were outlined and a long range plan for use of funds that may be received were given.

Since grant funds are considered as additional resources, they may not be used in place of those committed to the library by the institution. A report of the use of grant funds is submitted to the U.S. Dept. of HEW quarterly. Furthermore, it is necessary to apply each year for funds, submitting a report of library expenses for the previous year that were paid by the hospital and library budget.

One of our projects was the binding of the backlog of periodical literature. Previously our library utilized the binding resources of college students rather than the more expensive commercial binding. The students, however, were able to bind only a limited number. With additional periodical titles and an increased number of volumes, there was a backlog which could not be bound with our limited budget. The binding backlog is now being done by a professional bindery, using grant funds. Any librarian who has tried to shelve and work with unbound literature can appreciate what this binding means to us. Also, our patrons find it easier to locate and handle the bound volumes. The bound volumes have improved the appearance of the stack room.

Because volumes of the *Cumulated Index Medicus* have increased in number and size, our former table would not accommodate the indexes for more than three years. This made it necessary for the patrons to carry the volumes from the shelves to the table. A larger reference table accommodating the current indexes for eight to 10 years, and allowing four people to work at one time was obtained.

A dictating and transcribing machine was obtained for the use of patrons preparing papers for talks and publication. Since shelving space for bound volumes is limited, all the bound volumes more than 10 years old are kept in a storage room in the basement, where, unfortunately, there are a number of water pipes. A dehumidifier purchased with grant funds was installed in the basement storage area and helped to resolve the moisture problem.

The Medical Library Resource Grant made it possible to obtain valuable reference books that could not be purchased with the library's limited budget. Among them are: *Pediatric X-Ray Diagnosis* by Caffey, *Hematology* by Wintrobe, and the two-volume set of *Roentgen Signs in Clinical Diagnosis* by Meschan. Three new journal titles in the pediatric and surgical specialties were also obtained.

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MERCY HOSPITAL, BALTIMORE,

MRS. FRANCIS W. GILLIS, LIBRARIAN

(Amount of Grant: $1,807)

Many changes in the past few years at Mercy Hospital, a teaching institution affiliated with the University of Maryland School of Medicine, have had a direct effect on the usage of the medical library. The erection of a new 21-story Tower Building has increased Mercy's capacity to 414 beds and 36 bassinets. The long-range expansion program calls for the construction of several additional buildings in the near future. Full time chiefs have been appointed in all of the specialty fields and there has been a marked increase in the number of interns and residents. Medical students are sent to Mercy for clinical training in medicine, surgery, pediatrics, cardiology, gastroenterology, obstetrics and gynecology.

As Mercy continued to grow, so did the demands upon the medical library. Three years ago it became evident that if the library hoped to provide the basic

resources needed for the continuing education programs and research projects being conducted within the hospital, it was imperative that the budget of the library be greatly increased. Due to mounting costs and increased demands, the existing budget was totally inadequate and the library was borrowing additional funds from the hospital to meet its obligations.

The staff doctors, learning of the library's financial plight, graciously lent their assistance by more than doubling their staff dues and generously voted to allocate ⅞ of annual receipts from dues to the library. This was a tremendous boon and it enabled the library to greatly augment its holdings, but it still did not cover all of the library's expenses nor was it sufficient to purchase needed eqquipment. The Medical Library Resource Grant, issued to us June 20, 1967, proved to be the immediate answer to our financial problems. With the aid of the grant and the additional income received from staff dues, the library was able to pay back all its indebtedness, balance its increased budget, and plan ahead.

The Medical Library Assistance Act was discussed at length at a meeting of the Baltimore Hospital Librarians Association while it was still pending before Congress. In the hope that the Mercy medical library might benefit from the Act, we wrote to the National Library of Medicine asking that we be sent pertinent information as it became available.

After the bill was enacted and funds appropriated, Mercy requested application forms for a grant. We were anxious to submit our requests as soon as possible because we realized that the funds appropriated by Congress were extremely limited, considering the number of medical libraries in the country. Our formal application was submitted by the first filing date, July 1, 1966. In December, 1966 Mercy was notified that the grant had been approved but insufficient funds prevented processing until a later date. It was not until June 20, 1967, almost one year after our application had been filed, that we were awarded and funded a Medical Library Resource Grant for the period June 1, 1967 to May 31, 1968.

Several regulations governed the grant:

There is a limitation on the amount a library may receive from a grant. The approximate formula entitlement for a first-year grant is 25 per cent of annual operating expenses up to $50,000; 22 per cent of annual expenses of $75,000; and 20 per cent of annual expenses of $100,000 and above. This is not a commitment on the part of U.S. Public Health Service, merely an estimate for planning. The amount of a continuing grant decreases each year of a five-year project period.

When applying for a Medical Library Resource Grant, one is required to list annual expenditures for the three fiscal years immediately preceding the year in which application is made. These figures are used to compute the amount the applicant is eligible to receive. In our case, this three-year period happened to be the time when we were operating on a very limited budget. Had we made our initial applications in 1968 we would have been eligible to receive a larger grant because our budget had been greatly increased in the past two years, due to additional revenue from staff dues. However, we are happy that we filed early and think we were very fortunate in having obtained a grant because, there were only two institutions in Maryland which received a Medical Library Resource Grant in 1967 (*Bulletin of the Medical Library Association*, Vol. 55, p. 529).

The entire amount of the grant does not have to be spent in one year. Any unused funds may be carried over to another year or added to a continuing grant, if one is received. Being able to accumulate funds is very helpful in long-range planning, particularly if a new library or an addition is contemplated.

Funds received from a medical library resource grant must be kept in a separate account. They are subject to government audit and should not be added to the library's general account.

We used the entire amount of the grant within its one-year period because we desired to provide reading materials and needed equipment as soon as the funds could be administered effectively.

We spent 45 per cent of the grant for books and journals, and 12 per cent to defray a portion of binding costs. The balance was used to purchase a photocopier, a tape recorder and a desk.

Anticipating the possibility of a continuing grant, we planned ahead and had book shelves constructed in the library workroom, converting it into a journal room. We were awarded a second year grant June 19, 1968 (to be funded at a later date). We plan to purchase chairs for the journal room with a portion of this grant so that doctors will have a comfortable place in which to read, write or hold a conference. We also plan to buy an electric typewriter and transfer the librarian's manual typewriter to the journal room for the doctors' use.

The balance of the second year grant will be spent for books and journals. All of these proposed expenditures were submitted to the PHS in our application for a continuing grant and were approved.

The acquisition of a photocopier, which we had been needing for a long time, has proved an invaluable asset. Another grant expenditure that greatly benefited the doctors was a new tape recorder, used to play medical tapes on file and also to record conferences and lectures of special interest. The doctors sincerely appreciated the new tape recorder because our old one had become inoperable. Our tapes receive frequent use, particularly our series on heart sounds and Ob/Gyn topics.

The Medical Library Resource Grant has been a significant help in updating and expanding our library. The purchase of many new books and journals has stimulated the interest of the doctors and we have encouraged them to make suggestions of informational materials they think will be an asset to the library.

We are grateful to the NLM for giving us the opportunity to provide resources and facilities for our medical staff which otherwise would have been impossible.

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PHILADELPHIA GENERAL HOSPITAL, MRS. HELEN LAKE MEDICAL LIBRARIAN

(Amount of Grant: $6,129)

For several months the medical indexes and abstracts at Philadelphia General Hospital Medical Library were scattered about the reading room, the stack area and the floor. This chaotic condition was tolerated because of a lack of funds for shelving, and the shortage of suitable space for proper accommodations. Our Medical Library Resource Grant allowed us to renovate a reference room adjacent to the lobby and unite this scattered collection in one accessible room. The remodeled room is 40 x 60 feet and exceptionally attractive with its birch paneling, quiet blue and gold terrazzo floor, and glass doors and windows on two sides. Before refurnishing, it had served as a party room for interns and nurses, a reception room for special occasions, a conference room for the medical staff, and as an auditorium for graduation exercises. Now thanks in part to the grant, it has reverted to its intended purpose, a library facility.

Some of the new furnishings are: double faced metal library shelving consisting of standard three feet-wide sections, each unit of which has four adjustable shelves and one slanting base shelf. Six rows of seven units each were placed in the reference room leaving a lounge section of approximately 15 x 40 feet at the entrance of the area. Out of the 42 total units, 21 were modified on one side to have two adjustable upper shelves with a fluorescent light attached to the underside of the lower shelf for illumination of a carrel study desk directly below. These study desks or modified carrel units are an integral part of the shelving units and are evenly distributed throughout. Over-all height of the shelving is 60 inches for easy availability of volumes. This arrangement accommodates approximately 2,000 volumes and provides seating room for 21 persons.

Only medical indexes and abstracts—some 40 titles such as *Biological Abstracts, Chemical Abstracts, Excerpta Medica, Index Medicus* and others—are housed in these new quarters. This reference room has been a boon to the staff of 500 visiting physicians, 90 medical interns, 10 dental interns, and 195 residents and affiliate residents from six local hospitals enrolled in one of the 15 approved residency training programs. It has also been welcomed by the junior and senior medical students from the Jefferson Medical College, the University of Pennsylvania School of Medicine, and the Hahnemann Medical College while on service as clinical clerks in our 1,700-bed teaching hospital. Our researchers and research trainees engaged in some 100 varied research projects in the Clinical Research Center, the Stroke Center, the Psychiatric Research Laboratories, and other department and laboratories in the hospital public approximately 100 papers annually for which the medical library is the primary library. Consequently, they, as well as the entire staff are grateful for this new section for their required literature searching.

The improvements in the library made possible by the grant have had a salutary effect as evidenced by an increased interest in supporting the library, and a keener awareness of the services offered by the library. Some staff members have donated additional monies and furnishings.

The grant resulted from months of planning and preparation. Following the completion and acceptance of a letter of intent an application was submitted on June 7, 1966 to the National Library of Medicine. The following December, the

NLM Assistance Advisory Board recommended approval of the application, but said that funds were insufficient at that time to make the award. On April 4, 1967 notice was received from the Chief, Facilities and Resources Division, Extramural Programs, NLM, that the award was imminent contingent upon submission of a brief summary of specific plans for the utilization of the funds and a proposed budget for the first year of the project. On May 1, 1967 monies for the first year of this five year grant were appropriated.

All grant records and accounting responsibilities are maintained by the Grants Management Office under the hospital's director of research. Separate accounting records are maintained for recording receipts and expenditures related to the grant, and an annual fiscal expenditure report is prepared by the GMO. The records are audited annually by a certified public accounting firm.

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GOOD SAMARITAN HOSPITL, CINCINNATI, MRS. MARGARET THOMAS, MEDICAL LIBRARIAN

(Amount of Grant: $2,300)

Good Samaritan Hospital, a 718-bed teaching institution, had hoped for a long time to update its medical library to enable the physicians to keep up with current trends and new ideas. Lack of adequate funds delayed the program. It was a financial burden for the hospital to provide the medical library with a budget large enough to provide for purchases, journal subscriptions, binding of periodicals, library supplies, and salaries for the library staff. With the help of the Medical Library Resource Grant we were able to achieve this goal.

The grant money, combined with a fund provided by the hospital, made possible the purchase of books most urgently needed. We replenished the sections on medicine and surgery and the specialties represented in our hospital with the latest editions of standard textbooks and reference works. Inasmuch as mention of new developments appear first in journals, we found it necessary to add 42 journal titles. We now have a total of 150 journal subscriptions. A portion of the grant money was used to bind some of the more important journals.

Upgrading the collection was and is definitely the main factor in attracting physicians and other personnel to the library in far greater numbers. The doctors, researchers, nurses and administration personnel spend increasingly more time in the library now, and read the journals to keep abreast of new developments or check out procedures in the up-to-date books. The number of daily visitors to the medical library has multiplied several times since the beginning of the modernization program financed in part by the grant.

The staff was delighted and impressed when it first learned about the availability of Medical Library Resource Grants. The assistant administrator, together with the librarian, filled in the necessary application forms and we applied for the grant, which was approved in June, 1967. We received $2,311 for the first year and used $500 for the purchase of books, $750 for new journal subscriptions, $1,061 for binding of periodicals.

It is difficult to describe the difference that the grant money makes; it is so dramatic. It has made it possible to raise the standards of the library to a level which provides a valuable and dependable service to the doctors who in turn are in a better position to render better service to their patients.

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CREIGHTON MEMORIAL, ST. JOSEPH'S HOSPITAL, OMAHA, MRS. GENEVIEVE STERN, LIBRARIAN

(Amount of Grant: $10,862)

Creighton Memorial St. Joseph's Hospital, a 600-bed nonprofit hospital, has long been affiliated with Creighton University, Omaha, as its principal teaching hospital.

The medical library has a collection of 13,000 holdings—6,000 bound volumes of journals and 7,000 volumes of textbooks and monographs. It serves the medical and house staff, hospital personnel, school of nursing students and faculty, x-ray and anesthesiology students, as well as the medical students from the University during the time when they are receiving their clinical experience. Its facilities are also available to the University's school of nursing students and registered professional nurses enrolled in university courses.

The Medical Library Resource Grant was sought so that the library could increase its holdings to keep current with the great surge of new materials, and to replace the much used copies in the present holdings.

The grant made possible the purchase of many of the latest editions of monographs or sets, and a copying machine to duplicate journal articles or parts of books.

This enabled us to retain the original in the library thus having the material more readily available and reducing the wear on the original. The number of journals subscribed to was increased, and some back issues of newly acquired journals were purchased.

The grant monies were also used to reinstate and purchase back issues of some of the medical and nursing journals which increased cost and a limited budget had forced us to cancel. The reinstatement of educational magnetic medical tapes in several fields also relieved the demand on some journals.

Some of the money was used to increase the binding budget so the journals not previously bound and the increased journal holdings might be preserved.

A room was equipped and sound proofed as a previewing room for the library's visual aid center, which was furnished with movie projectors, a tape recorder, and a film strip/record player. This equipment has been used much in the educational programs throughout the institution.

The enthusiasm expressed by the clientele over all these innovations is heartening. The library staff morale is lifted not only by their opportunity to better fulfill requests, but by the improved working conditions which the grant money brought about. (Editor's Note: Miss Geraldine Dell contributed to the symposium on behalf of Mrs. Genevieve Stern, now retired, who had applied for the grant.)

THE BROOKLYN-CUMBERLAND MEDICAL CENTER,
CUMBERLAND HOSPITAL,
Brooklyn, N.Y., March 28, 1969.

SAM W. HITT,
Chairman, Federal Relations Committee, Medical Library Association, Lyman Maynard Stowe Library, University of Connecticut Health Center, Hartford Conn.

DEAR MR. HITT: We certainly have benefited greatly by the governmental support for medical libraries. In such a small institute such as ours, it is impossible to have the current medical and clinical references necessary to do a accurate job in the clinical laboratories. We have especially benefited from the interlibrary loans program which is supported through the Medical Library Assistance Act. I strongly recommend that the government continue to support the medical library, for without this support, we would not be able to give good medical care to our patients.

Sincerely,

ALLEN F. REID, Ph. D., M.D.,
Director of Clinical Biochemistry and Radiobiology.

STATE UNIVERSITY OF NEW YORK,
DOWNSTATE MEDICAL CENTER,
Brooklyn, N.Y., March 19, 1969.

Mr. SAM W. HITT,
Chairman, Federal Relations Committee, Medical Library Association, Lyman Maynard Stowe Library, University of Connecticut Health Center, Hartford, Conn.

DEAR SAM: Attached are copies of each completed questionnaire we have received. I think they are rather impressive.

I intend to write to Senator Javits to request his support.

Sincerely,

HELEN KOVACS,
Director of Libraries.

Enclosures.*

*There are 73 questionnaires but because of the cost of reproduction we are just printing one as an example and the balance may be found in the file of the subcommittee.

MEDICAL RESEARCH LIBRARY OF BROOKLYN, BROOKLYN, N.Y.

QUESTIONNAIRE

The Medical Research Library of Brooklyn is the major health sciences library in the Brooklyn, Long Island, Staten Island and Queens area and, as such, has extensive interlibrary loan services supported by a Medical Library Resources Grant, Medical Library Assistance Act of 1965.

Due to the lack of adequate funds, the interlibrary loan services of this Library might be curtailed or completely eliminated by January 1970. Therefore, it is important to poll the health sciences community as to the effectiveness and necessity of such services before the Medical Library Assistance Act of 1965 is reviewed by the Legislature this Spring.

Question 1. Do you wish to support a request for the continuation and extension of the interlibrary loan services of the Medical Research Library of Brooklyn?

Answer. Yes.

Question 2. Do you believe that these services have been essential to support your work or research?

Answer. Yes.

Question 3. If you have answered "YES" to the above questions, please explain briefly why:

Answer. The Brookdale Hospital Center, has within recent years, extensively increased and expanded the services available to patients. As is the case in many hospitals, the Medical library has encountered difficulty in keeping pace with all of the varied new services. In order to provide our large medical and para-medical staff with the literature necessary for patient care, education and research, it is imperative that we remain affiliated with and maintain access to the Medical Research Library of Brooklyn.

Recommendations.—To continue the extensive interlibrary loan services provided by the Medical Research Library of Brooklyn (Downstate Medical Center) to the Medical Libraries (in this area) as provided by the Library Resources Grant.

DORIS PINKUS,
Medical Librarian,
The Brookdale Hospital Center, Brooklyn, N.Y.

GREENVILLE HOSPITAL SYSTEM,
Greenville, S.C., April 2, 1969.

Mr. SAM W. HITT,
Chairman, Federal Relations Committee, Medical Library Association, Lyman Maynard Stowe Library, University of Connecticut Health Center, Hartford, Conn.

DEAR MR. HITT: The purpose of our libraries is to provide the latest and best literature with the funds available to the physicians and other persons using our libraries.

The Greenville Medical Library in the Greenville General Hospital is centrally located to the other hospitals, each with their own smaller libraries, of the Greenville Hospital System. Our budget was originally for this library alone, but as each of the four branch hospitals has been added, they also were required to have a library of their own to serve the staff using that hospital and for accreditation. The first two hospitals added were Allen Bennett Memorial and Hillcrest Hospital. We furnish the smaller hospitals with interlibrary loan services.

Just buying books for the first two added branches of the Greenville Hospital System over-taxed our budget so that we have not had funds for the two latest additions until we received the Federal Grant Funds. These two latest added branches to the System are the William G. Sirrine Hospital for chronic illnesses and eye surgery and the Marshall I. Pickens (mental) Hospital, which has just opened recently.

We received the funds for the first time this past year and have used the Federal Funds to strengthen this larger and centrally located library also by buying new subscriptions and new books which could not be covered by our regular budget which had been used mostly for newer editions of texts which we already had, for subscription orders, directories, indexes, bindings and several audio-digest tape subscriptions. Our budget has increased some as costs have increased.

This next year, we hope to use the Federal Grant Funds for a few new books and some badly needed shelving for the stackroom. We are also considering the possibility of a reader-printer if we should have to use microfilm instead of binding because of a space problem. If space should become available to the library, some of the doctors have hoped that we could buy some films. We have been depending upon borrowed ones at present.

I hope we are not "counting our chicks before they hatch" when we are already planning how to derive the most benefit from the next year's funds to improve our libraries.

These libraries serve Interns, Residents, Practicing Physicians, Senior Medical Students, Paramedical School Students of the Hospital, and College Students with special assignments, Nursing Instructors and a few Nursing Students with special assignments. (The nurses have their own library.)

As you can see from the above explanation, we could not have provided the necessary literature to those persons using our libraries if it had not been for the Federal Funds available to us.

I hope this letter will substantiate the needs for these funds as well as provide you with information relating to how we have used these funds and how we plan to use them in the future.

We appreciate your interest in our welfare and if there is additional information we can provide you with in order to justify and to clarify the use of these funds, please contact me.

Sincerely,

ROBERT E. TOOMEY,
Director, Greenville Hospital System.

UNIVERSITY OF VIRGINIA,
SCHOOL OF MEDICINE,
March 31, 1969.

SAM W. HITT,
Chairman, Federal Relations Committee, Medical Library Association, Lyman Maynard Stowe Library, University of Connecticut Health Center, Hartford, Conn.

DEAR MR. HITT: Would you be good enough to pass along the following note to proper authorities and legislators who are key to renewal of legislation for the Medical Library Assistance Act?

Our Medical School of the University of Virginia has derived tremendous benefit from funds supplied by this legislation. Support of medical libraries is extremely difficult to obtain either from local or federal funds. Thus, money achieved in this way is especially valuable to us. It is of even greater importance when one realizes that the only repository for scientific information in a medical school, constantly available to the medical students as well as the medical faculty, is the library. No school can exist without it. No school can be better than its library.

It is most important that you and your colleagues emphasize the critical nature of this bill to medical libraries and, hence, to medical schools.

Sincerely,

J. EDWIN WOOD, III, M.D.,
Associate Dean.

ALASKA PSYCHIATRIC INSTITUTE,
Anchorage, Alaska, March 26, 1969.

FREDERICK J. HILLMAN, M.D.,
Anchorage, Alaska.

DEAR DR. HILLMAN: In response to your letter requesting my opinion about the Alaska Health Science Library and Pacific Northwest Regional Health Science Library and Pacific Northwest Regional Health Science Library, I would like to call to your attention that the Alaska Psychiatric Institute has voted to move its entire collection of modern psychiatric texts, which amount to somewhat less than 500, along with periodicals except for the most recent, to the Alaska Health Science Library where we can get good librarian service. We need to have a basic library, such basic books as anatomy, science, basic psychology, etc., that we will keep at the Institute but all of the other volumes, except for these few, will be transferred to the library where they will be available to the entire community.

We find that our Institute cannot function with its teaching program, with its progressive psychiatric treatment program, and with plans for future research without the services of not only a good collection of books but of an adequate means of dispensing these books so that the information may be available when we need it. I do not feel my enthusiasm can be expressed sufficiently by letter in reference to the movement that recently established our library in Anchorage and the resource of the Pacific Northwest Library to API.

Sincerely,

CARL D. KOUTSKY, M.D.,
Superintendent, Alaska Psychiatric Institute.

UNIVERSITY OF PENNSYLVANIA,
Philadelphia, May 8, 1969.

MR. SAM W. HITT,
Librarian, University of Connecticut Health Center,
Hartford, Conn.

DEAR SAM: I have inquired of several members of the University and School of Medicine administrations, and am assured that the University is now in the process of developing its response to the Washington developments relating to education. I am also assured that the medical and science library issues will constitute a meaningful part of the University's intended representations in this regard.

I expect to be advised of our actions as they proceed, and I will forward to you such documentation as becomes available.

I hope that you find this perspective of the University here satisfactory, needless to say, we are all quite concerned. I will be in touch.

Regards,

Very truly yours,

JEROME S. RAUCH, *Chief Medical Librarian.*

NORTH DAKOTA STATE DEPARTMENT OF HEALTH,
STATE HOSPITAL,
Jamestown, N. Dak., March 20, 1969.

SAM W. HITT,
Chairman, Federal Relations Committee, Medical Library Association, Lyman Maynard Stowe Library, University of Connecticut Health Center, Hartford, Conn.

DEAR MR. HITT: This is in reply to your letter of March 14, 1969 informing me of the renewal legislation for The Medical Library Assistance Act.

I had just recently learned of this Act while scanning the contents of the journal THE NEW ENGLAND JOURNAL OF MEDICINE. I believe it was the February 27th issue. I am very much interested in this Act because this library is in dire need of outside funding if this can be made available to small libraries. I would appreciate being informed of the outcome of this legislative bill and any details which may be helpful to me in making application to Federal Assistance if it is granted through the renewal of this Act.

I am enclosing three letters to Senator Yarborough, Rep. Jarman and Rep. Staggers and I trust you will forward them at the proper time. Mr. Henry Lahaug, Administrator, will be forwarding some additional letters to you also.

Thank you for your information and please contact me whenever I can be of help.

Sincerely.

MRS. LAURIE REULE, *Staff Librarian.*

STATE OF GEORGIA,
MILLEDGEVILLE STATE HOSPITAL,
Milledgeville, Ga., April 3, 1969.

Mr. SAM W. HITT,
Chairman, Federal Relations Committee, Medical Library Association, Lyman Maynard Stowe Library, University of Connecticut Health Center, Hartford, Conn.

DEAR MR. HITT: I am sorry that I have gone beyond the deadline in answering your kind communication of March 14, 1969. However, I do want to make our interest in your topic known, and I hope that the information which I am including in this letter may still be of use to you.

The number of books in the Medical Library of Central State Hospital and in the departmental libraries at Central State Hospital with holdings processed by the Medical Library amounts to approximately 5,000. The Central State Hospital Medical Library is one of six libraries under the State of Georgia Department of Public Health. In 1967, based on the Medical Library Assistance Act, the Georgia Department of Public Health made an amount of $400 available for the CSH Medical Library to be applied on the purchase of books and journals. In a year when the actually available funds of the library were utterly restricted, this gift was to the Medical Library a lifesaver. It led to purchases which brought important serials and basic textbooks up to date.

The funds awarded to Georgia Public Health Libraries in 1968 through the Medical Library Assistance Act were used for a two day institute in Atlanta on March 7 and 8, 1968, under the guidance of Mrs. Miriam Libbey. The librarian of Central State Hospital used this excellent opportunity, along with her colleagues, to refresh and expand her knowledge of the important topics and issues in library science.

The year 1969 will bring the CSH Medical Library renewed help through the Medical Library Assistance Act. One thousand dollars have been assigned for purchases of books, journals, and other materials. All of this amount has already been claimed by the doctors here for purchases. Among them are atlases, handbooks, basic texts in new editions, and the portable Wollensak 5710. This amount, too, will be used to great advantage and there will not be any surplus left.

A renewed grant next year would be used on similar materials and on subscriptions to Audio-Digest Foundation tapes, which at a hospital where more than 60% of the doctors are of foreign origin, prove to be especially desirable and beneficial.

Sincerely,

DR. HANNAH KEELER,
Medical Library, Central State Hospital.

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